

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXV. {
VOL. II. { NEW SERIES.

NEW YORK: SATURDAY, JUNE 22, 1861.

{ Mail Subscribers, \$3 per Ann.
{ City and Canadian, 8 50 "
{ Single Numbers, 10 cents.

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Course of Lectures on Dentition and its Derangements. Delivered at the N.Y. Med. Coll. and Charity Hosp. in the Preliminary Course, session 1860-1. By A. Jacobi, M.D., etc. Lecture IV.	NEW YORK HOSPITAL: Stab-wounds of Chest. By J. L. Little, House Surgeon.	Plan of Organization of the Sanitary Commission	Chlorate of Potash in Variola. Foreign Correspondence.
	EDITORIAL ARTICLES. The Right Man for the Right Place.	REPORTS OF SOCIETIES. NEW YORK PATHOLOGICAL SOCIETY: Stated Meeting, April 24, 1861. Dr. Garrish, Chairman pro tem. Fibro-nucleated tumor of Brain. Monroe Co. Med. Society, N.Y.—Forty-first Annual Meeting.	MEDICAL NEWS. Foreign Items. ARMY INTELLIGENCE. APPOINTMENTS. Domestic Items.
ORIGINAL COMMUNICATIONS. Difficult Obstetrical Cases. By G. T. Elliot, Jr., M.D., etc. Infantile Erysipelas. By J. L. Smith, M.D., etc.	THE WEEK: Prof. Frank H. Hamilton Vaccination of the Volunteer Troops Surg.-Gen. Finley and the new Sanitary Commission Female Nurses in the Camp at Cairo Letter from Dr. E. B. Dalton on Hospital Supplies		METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK. MEDICAL DIARY OF THE WEEK. SPECIAL NOTICES.

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Continued from Vol. I., p. 435.

LECTURE IV.

Formation, nutrition, and protrusion of permanent teeth—Absorption and expulsion of the temporary—Their causes—Period of second dentition—Wisdom tooth—Third dentition—Curious cases from literature—Is there a third dentition?—Explanation of the cases on record.

GENTLEMEN:—In order to complete the anatomical and physiological part of our subject, let me proceed to some remarks on the permanent teeth. You remember, from my previous lecture, what I said, following the description of the process as given by Harrison, on the first formation and development of the temporary ones. Soon after the commencement of the sacular stage of the deciduous teeth, the rudiments of the second or permanent set are developed. About the fourteenth week of foetal life the deep portion of the primitive dental groove is closed in, and contains the sac and papillæ of the ten milk teeth; the upper or superficial portion of the groove remains open, and is then named *secondary dental groove*. In this commence the rudiments of the permanent teeth: At first a small depression is observable behind the superior openings of the milk sacs; this increases, and forms the *cavity of reserve*. These cavities are lined by an inflection of the mucous membrane, and at the bottom of each a small papilla is formed; they gradually recede from the surface, and are thereby converted into follicles, and finally into closed sacs, which lie to the inner side of, and in close contact with, the former set, and inclosed in the same submucous tissue. The necks of these sacs, by which they originally communicated with the general mucous membrane, continue as obliterated cords leading to the surface of the gum, internal to the deciduous teeth. These cords have been named the *gubernacula*, or *itineræ dentium*, roads of the teeth, without having, however, any such office as the name would appear to imply. The primitive dental groove, behind the posterior deciduous molar, does not close so soon as the anterior portion, and in it are developed about the fifth month of foetal life the follicle and papilla of the anterior permanent molar. After its follicle has closed, the dental groove closes over it, leaving a space between the gum and the sac of this tooth; in this is a cavity of reserve of mucous membrane for the second permanent molar, and one also for the third molar or wisdom tooth. As the deciduous sacs, as well as the anterior permanent ones, increase in size more rapidly than the bones can elongate, this cavity for the permanent molars is pressed backwards into the maxillary tuberosity above, and into the root of the coronoid process below; but in a few months after birth, as the jaws increase in size and length, the first permanent molar returns to its proper level in the dental range; the cavity of reserve behind them dilates into the space the first molar occupied, and in it is developed the papilla for the second permanent molar. In the course of time, as the jaws further elongate, this tooth advances and descends, and the remainder of the cavity of reserve dilates behind for the third permanent molar or wisdom tooth.

The permanent sacs at first receive their vessels from those of the gum, but afterwards from the temporary sacs; and as they retire into their own cells, these new vessels

enter into new dental canals, which become permanent. In the course of a few years, and after all the temporary teeth have appeared, the further elongation of the jaws admits of space for the first true molar to protrude; this usually occurs between the sixth and eighth years, and sometimes even sooner. At this age there are fifty-two teeth in the two jawbones, viz. twenty deciduous teeth, twenty permanent beneath these, and the twelve posterior molars; and when all the anterior permanent teeth have become enlarged they press upon the anterior wall of their alveoli, which soon undergo absorption; and then each tooth comes a little forwards into the lower part of the alveolus of the milk tooth; the fangs of the latter are absorbed and gradually wholly removed, and then the crown falls out of the sac and the permanent tooth supplies its place. The cause of the disappearance of the roots of the temporary teeth is sought for in the loss of nutrition from the pressure of the *subjacent* permanent tooth, and perhaps in contemporaneous increase in the general injection and nutrition, bringing on liquefaction and absorption. Some pressure is necessary, at all events, for whenever there is no pressure from below, the temporary tooth is not removed. But you must not imagine that the permanent tooth exercises any immediate pressure on the blood-vessels, thereby depriving the temporary tooth of its nutrition; if this was the case, the permanent tooth would exercise just the same influence at a much earlier period, even while the temporary itself was not fully developed. The crowns of the permanent molar teeth, further, are perfectly unable to exercise any pressure on the blood-vessels of the temporary, as they are situated between their roots. The nutrition of the temporary teeth is impaired by two facts, first by the increasing development of the permanent themselves, and further by the development of the maxillary bones, which contract and partially obstruct the canals through which the branches of the maxillary artery penetrate to the tooth. The pressure of the permanent tooth on the temporary one is not at all direct; nor is it necessary that it should be so. Nature usually, in building up and destroying, works very slowly and invisibly. A fine instance of what a slight pressure for a protracted period may effect, and how bones are absorbed from the pressure of a slight physical influence, is given in the fact, that aneurisms of large arteries at some parts of the body, where they are in the neighborhood of bones, destroy the bone by slow gradual absorption. Thus aneurisms of the aorta are reported to have produced absorption of part of some spinal vertebrae, and I have myself seen two or three costal cartilages absorbed from the constant hammering against the chest by a large aneurism of the ascending aorta. You see, therefore, that the pressure of the permanent tooth inclosed in its cell, on the wall separating it from the temporary tooth, it being slowly and continually forced upwards, may be deemed sufficient to bring the root of the temporary tooth to absorption. The effect of the permanent teeth is not in one direction only, for you know that the permanent teeth are not situated in the same horizontal line; the steady slow pressure is exercised upwards and laterally, thus the roots of the molar teeth are absorbed on their inner sides; and the middle permanent incisors press not only on the corresponding temporary, but the lateral ones also. The root of the temporary tooth, while being derived of its normal nutrition by pressure exercised on the periosteum, is liquefied by the increased action in the surrounding parts, brought under the influence of the numerous absorbent vessels contained in the sac of the onwards growing tooth, and excreted like so many other effete matters. The vessels rendering this service to the organism, have been made the subject of particular study by Boardet, who called them "appareil dissolvant," and Delabarre, that learned humbug and nostrum-seller, who comprehends them under the name of "appareil absorbant." This resorption can take place as long as the root is in some connexion with the surrounding parts. If it ceases to be so, the vital powers of absorption are replaced by another; in this case the root has the general

effect of a foreign body brought by some means or other into contact with and imbedded in the organism, to produce inflammation and to be removed by suppuration. Thus no resorption takes place even when the crown of the permanent tooth comes into immediate contact with the root of the temporary; in which cases the temporary teeth, particularly the molar, are found to be turned over and produce, by the effect of their sharp roots, deep ulcerations in the cheek, which will not heal before the temporary tooth is removed.

The permanent teeth appear no more nor less at regular periods than the temporary ones. About the seventh year, or earlier as I mentioned before, the first permanent molar appears, nearly about the time when the first temporary incisors are replaced by the permanent. After all the incisors are changed, the anterior and posterior temporary molars are successively shed and replaced by the permanent bicuspid; the canines are changed about the tenth or eleventh year. About the twelfth or thirteenth the second permanent molars appear; the last molars, or wisdom teeth, usually some time between the twentieth and thirtieth.

Ossification requires but a short time in the deciduous teeth, and longer in the permanent. A permanent incisor requires seven years, a canine twelve, a molar from eight to ten years. Ossification commences at the very same time in incisors and the first molars, as is proved by the dissection of the jawbones of infants who died in the first months after birth. It progresses more rapidly in the female than in the male sex; girls, therefore, have their permanent teeth sooner than boys.

In the lower jaw of a child three years of age, the permanent teeth are still in an oblique direction. Only the middle incisors, which are the highest, are in a nearly vertical position; the lateral incisors are situated more inwards, and more obliquely; the lowest are the canine teeth. Higher, and between the roots, we find the molar teeth in their first stages of development, or rather the first one; for as to the second, we find nothing but the cells in which it will be contained in future. The time of its first formation is about the fifth year. As it requires about eight years for its complete ossification, it makes its appearance about the thirteenth year of life. The commencement of ossification in the third molar tooth, and particularly its appearance, is more uncertain, as it depends on local circumstances. It does not usually appear before the twentieth year, but in some cases, according to C. Harris, does not show itself, until the thirtieth or even fortieth year, and Canton extracted one for a gentleman seventy-four years of age, who informed him that it was not out until he had attained his seventieth year.

The maxillary bones of a child of from four to five years contain so many and so large cells for both the temporary and permanent teeth, that but very thin osseous walls form a bridge between the external and internal wall of the jawbones. Nevertheless, every tooth, both temporary and permanent, receives a ramification of the common maxillary blood-vessels and nerve. There is sometimes, according to Delabarre's observation, an anomaly in the lower jaw, of this sort, that the submaxillary artery and nerve, right at their entrance into the lower maxilla, divide into two branches, one of which feeds the temporary, the other the permanent teeth. The periosteum of the alveolar cell, being a mere continuation of the external periosteum, takes its blood-vessels from the maxillary artery, branches of which penetrate the porous osseous substance.

A very interesting subject relating to our investigations is that of the so-called third dentition. Is there at all a third dentition? Are those teeth which we are used to call permanent, not permanent, but subject to be temporary only in proportion to those which are to be as it were more permanent? Certainly there are a number of cases reported, in which the teeth are said to have fallen out twice, and to be replaced twice. There is one case even of the following description:—In a girl the first replacement, the second dentition, took place at six years, the third dentition

at twelve; this latter was complete in a single year. This case, our author says, "is highly interesting for two reasons, first, because it occurred in a young individual, while cases of third dentition have been hitherto related of old people only; second, because all the teeth were replaced here by others, while the third dentition has always been incomplete, and limited to the appearance of two or three teeth only." The case, gentlemen, looks so very interesting and beautiful, that I am afraid the reporter is greatly mistaken, or has been grossly imposed upon. Other cases of third dentition are reported, but scarcely any of such a remarkable kind as this one. At all events we require a good deal of belief in the veracity or the judgment of a writer, if we are to take as scientific facts such reports as are in open conflict with the known laws of anatomy and physiology. W. Jackson has the cases of a man of sixty-four, and of a woman of eighty years, in whom a third set of incisors was observed; in one of them the old teeth had just fallen out to make room for the new ones. Sorgoni reports the case of a boy exhibiting a third dentition before he was twelve years of age, and Andral has collected from literature twelve cases of the same anomaly. Lison reports the case of a boy, Eugene Cavillan, thirteen years old, of young and healthy parents, of good constitution and well, and without any anomaly in his general development. The second dentition took place when he was nine years old. Soon after, all his twenty-eight teeth were replaced by others; the same occurrence took place between his tenth and eleventh year, and again between the eleventh and twelfth. When the case was reported by the author, the boy was said to be in his thirteenth year; at this age a new set of teeth was being developed; the first inferior molar tooth of the right side fell out, to give way to another that was already visible. The teeth that had fallen out had no roots, which appear to be eroded. The removal and replacement took place always in the usual order, the teeth being small, white, and of normal shape and position. The gums were red and somewhat tumefied, and the general health of the boy satisfactory.

I consider it a characteristic occurrence that curiosities like those alluded to are more numerous in old, very old books, than in modern ones. Storch, alias Pelargus, who wrote in 1750, reports the case of a lady of seventy years, who, after having lost all her teeth for a number of years, had a new incisor at that advanced age. He further has the case of his own daughter, who cut five molar teeth in her twentieth year; lost them all, and had new ones in their place when she was thirty-eight years old. Before this time, our author says, the lady was always sick from this abnormal teething—the symptoms enumerated, however, being evidently of uterine and hysteric nature; but after the last teeth cut, she became healthy, and strong, and fat. Old Paulinus relates the case of a Countess of Detmond, who lived up to a third dentition, in 1589, and grew one hundred and forty years old. The younger Pliny has the observation of the last molar tooth appearing at eighty years of life: Schottus at forty years, in a physician of his acquaintance; Cardanus, the celebrated mathematician and inventor of the Cardanian Formula, is reported to have cut a tooth at forty-three; several soldiers at forty-three, forty-four, and forty-five; several others, according to Sennerus, at sixty-three, seventy-five, eighty, eighty-one, eighty-eight, even at one hundred and four years of age. In an old book of 1725, there is the case of a woman of sixty-six years, who got not only new teeth, but new brown hair, instead of her former grey. Johannes G. Slevogt reports, in 1733, the case of a captain who cut new teeth at ninety-four years of age, and died soon afterwards; we do not learn whether the old man died in consequence of teething, or whether, if he had not teethed again, he would not perhaps have lived up to our times, and been still older than ninety-four. But the greatest curiosity I have ever been able to hunt up is the following, reported by Möllenbroc, a century and a half ago. There lived at Leipsic a noble lady who had five children; with every

confinement she cut a molar tooth. As soon as one of her new teeth got loose, the child who was born at the time when it was cut, was affected with some severe disease. If such a tooth fell out, she was always certain that the corresponding child was surely going to die. And so it happened, adds our honest author, all the three children died before the mother. Thus you perceive, gentlemen, that as it is said to be customary nowadays that children die from their own teething, it was customary for children in olden times to perish from the dental troubles of their mothers.

Both Courtois and Aimonino have published cases in which a third dentition took place after the permanent teeth fell out; Courtois is of the opinion that the third dentition is observed in the incisors only. If such was the case, why, we must expect that the teeth of the third period were formed contemporaneously with those which were then eliminated by the growth and onward pressure of the subjacent ones. At all events, the belief in a third dentition was so general formerly, that decayed teeth would be removed in the hope that a replacement would take place. Professor Nessel, whose name I have mentioned before, has observed a girl whose middle upper incisors had been extracted in the hope that they would reappear. But not only no new teeth appeared, but the space in which two teeth had been seated formerly was so much intruded upon by the neighboring ones, that but one artificial tooth found sufficient room afterwards. Now, what nature will not do in youth, she will hardly succeed in doing in old age, where all the reported cases of third dentition are said to have occurred. There is less probability of new germs of teeth forming and developing themselves in advanced life, than that there have been from the beginning supernumerary teeth; instances of which have been reported by Ruysch, besides those enumerated in my second lecture.*

The fact that teeth will protrude, sometimes, at old age, is undoubtedly true. Instead of being, however, the symptoms of a renewed power of reproduction, they are, in Professor Nessel's opinion, frequently the results of regressive life, as they become visible after the diminution of the alveoli, and the decrease of the thickness of the gums. Such teeth were always formed, but were either invisible from being sometimes incuneated like the canine, or from being covered by an osseous mass, like the wisdom-teeth. The second molar tooth, particularly, has been observed to reappear in advanced age, but only after the temporary second molar had kept its place, and fallen out at a very advanced period of life. It is not a very rare occurrence that the temporary second molar tooth remains at its place up to the fortieth year, and thus there can be no mystery nor wonder about the fact that another tooth will make its appearance afterwards.

The temporary second molar tooth, however, is not the only one that will remain for a long period, and thereby retard the second dentition. Linderer reports the case of a girl who had her first permanent molar tooth with her eighth year, but whose second dentition did not begin before the fifteenth year. Another healthy and robust girl of fourteen years, who never had the four upper incisors, had all her other milk teeth, yet without there being any probability of an approaching change. Murat has the case of a robust young man of seventeen, who had all his milk-teeth but five; and Bird and Maingault report similar cases. Other cases are noticed, by Linderer, of single milk teeth remaining up to the thirtieth or fortieth year; and Riecken gives the history of a man of eighty-five, who cut a number of incisors and molars, and is said to have suffered during his cutting a molar in his left lower jaw, from cerebral congestion, which was relieved, after local depletion had no effect whatever, by spontaneous hemorrhage from the inner angle of the eye. Finally, a woman of forty-three years was observed by Düntzer, who had all her milk teeth left. After she had been suffering from intense pain in her head

and upper jaws, from swellings of the gums, and diarrhoea, four teeth protruded behind the upper incisors; they were smaller and sharper, and troubled the functions of both mastication and articulation. After the lapse of a year, the same symptoms were observed in the right lower maxilla, which never had any molars before.

Kneisel reports the case of a lady who reproduced four inferior incisors in her fifty-fourth year, after having worn artificial teeth for some time; and a right upper incisor, in place of one that had just fallen out, two years afterwards. The teeth which had fallen out were undoubtedly the temporary ones that had never been removed, and finally fell out at an advanced age from being either pressed upwards mechanically, or being decayed; nobody can say which, as the report does not contain anything beyond the facts I have related. Professor Hessel has the case of a lady who cut a fine white canine tooth at fifty years of age. This tooth became more visible from year to year, not because of its growth, but because of the decrease of the alveolar margins of the maxillary bone. It had been, in his opinion, always formed and ready to protrude, and would have done so but for the other teeth occupying the space naturally designed for it. The same author reports in his book on dentistry (1856) the case of a gentleman of thirty years, who still had his temporary upper incisors.

Original Communications.

DIFFICULT OBSTETRICAL CASES.

By GEORGE T. ELLIOT, JR., M.D.,

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(Continued from Page 393.)

CASE LXXVII.—*Remarkable Example of Fatty Degeneration of Fetus and Placenta at term, with the History of a previous Labor.* Bellevue Hospital, Drs. ERSKINE MASON and RIVES, House Physicians.

Rosa Buckley, aged 34, twice married, and now a widow for the second time, commenced her fourteenth labor on the 26th of Feb., 1861, at 8 A.M., and was delivered on the 27th, at 5 P.M., of a still-born, putrid boy, weighing nine pounds. I found her in the lying-in ward, in labor, at 4 P.M. on the 27th, and was struck with the enormous size of her abdomen, which I regret not having measured. The general expression of the patient was that of albuminuria, though careful examinations by Dr. Mason have failed to detect anything abnormal. The breech was presenting; no fetal heart or uterine souffle. At this time the membranes ruptured during a strong pain, when an immense quantity of offensive bloody waters was discharged, leaving the left half of the uterine tumor still distended, as though possibly by the unruptured amniotic bag of a twin. On both sides of the uterus abdominal palpation recognised the outlines of hard bodies, those of a fetus distinct to the right. The breech presenting evidently belonged to a dead child, as the sphincter ani did not contract around the fungi, and the skin peeled off. Having decided to proceed to the delivery, I brought down the legs, with the toes anteriorly. The epidermis peeled off readily, but the discoloration frequently seen was not present, the skin, however, presenting spots like those of simple purpura. Having wrapped a towel carefully around the right leg, which was the one destined to come anteriorly, the bones snapped at once, on the most moderate traction. Continuing these tractions with increased care, I was surprised to find the leg separate entirely at the point of fracture. The skin divided as though cut with a sharp knife, and was cleanly dissected from the adipose layer. The bones were denuded and dry-looking, like boiled mutton bones. In spite of my

* American Medical Times, 1860, p. 419.

care, the greatest traction available reproduced a like result with both the other leg and the thigh. I then, with great ease, passed a blunt hook within the flaccid anus, and through the abdominal wall, so as to hook it over the pubes, and made cautious tractions in the proper axis, and with good effect, until it fractured the pubes, and tore partially through the fetal tissues. This manœuvre, however, had enabled me to get hold of the crests of the ilia, and subsequently to draw down the trunk; but I heard the bones of the neck snap, and was obliged to stop. Managed to get the arms down without injury, and found that the cervical vertebrae had separated widely, though the skin was unbroken. With the blunt hook in the mouth I terminated the delivery, and the body was followed by a gush of offensive bloody waters which I have never seen equalled in amount. The placenta came away readily, and was found to weigh 5 lbs. 2 oz. It was entirely fatty—more completely so than any which has ever come under my observation—and the fetal tissues examined by Dr. Jacobi under the microscope were found to have undergone fatty degeneration.

The fetus and placenta were shown to the Pathological Society.

This patient (who recovered perfectly) informed me that I had recommended her to come into Bellevue for the induction of premature labor, in consequence of a previous labor in the Hospital having been complicated with fatty degeneration of the placenta. That labor occurred in March, 1858, and the name is recorded as Rosa Bennett, no. of pregnancy 12th. The case is distinct in my recollection.

Rosa has been twice married. By the first husband she had seven children, all born living, and three still alive; the other four died between the ages of one and ten. By the second husband seven children, all of whom are dead, and five premature and still born. Two were not premature, and lived an hour or two after birth. The second husband died from phthisis. Cause of death of the first, not known.

CASE LXXVIII.—*History of one of Rosa's previous labors.*—*Bellevue Hospital.*

In labor from 12 P.M., March 3, 1858, to 7.17 P.M. still born male child, weighing 3½ lbs. F. A. Burrall, House Surgeon.

Left heel presented just over os uteri, which was high up and directed forwards. Drs. Barker and Elliot called, and about half an hour after rupture of the membranes the left foot appeared just outside of the vulva—heel posteriorly. A movement of rotation then took place, and the posterior plane of the fetus came in front. Considerable delay after the breech was delivered. Child dead, cuticle desquamating. Upper part of body delivered by Dr. Barker after cutting cord. The fetus seemed to have been dead a long time, and was almost pulpy. The uterus remained very large, and simulated the appearance of the uterus in twin pregnancy. This depended on a large placenta filled with effused blood. After its removal by Dr. Barker, it was found to weigh two and three-quarter lbs. Previous to her entrance into the lying-in-ward, she mistook a discharge of blood for the waters. Uterus contracted well.

CASE LXXIX.—*Twins—one living—one putrid. Death of latter from fatty degeneration of its placenta?*

Mary Reed, single, aged 26, first pregnancy. In labor from Feb. 19, 5 P.M., to Feb. 20, 8 A.M., in Bellevue Hospital. Drs. Mason and Rives.

First child a boy, living, L. O. A., weight 6 lbs. Second, dead and putrid, weight 3 lbs., footling. There was one placenta with two cords, and two sets of membranes. The line of demarcation was distinct. One portion small and very fatty, both to the eye and under the microscope; the other, one-third larger and healthy.

Placenta shown to the Pathological Society, at the same time with the fatty placenta described in Case 77.

CASE LXXX.—*Danger of Death by Syncope after labor.*—*Recovery.*

Mrs. — fell in labor with her fourth child, on the 24th

of March, 1861. Her previous labors have been difficult from the size of her children (which have all been born alive), and from the fact that in each case before this one the occiput has turned posteriorly. The first child was delivered with forceps, by Dr. Metcalf and myself; the other two were delivered naturally. She has taken chloroform in every confinement, in the first for nearly twelve hours; and she has also taken it for operations on the teeth, and for sick headache. She is a healthy, strongly built woman, with no disease that I can recognise, although she has always been liable to a peculiar lividity of the lips, and subject to attacks of syncope which have demanded no especial treatment.

On the present occasion I was called about 8 A.M., March 25, but made no examination until after ten o'clock, as I knew from a previous one rendered necessary by false labor pains, that the presentation was natural. At ten A.M. the os was fully dilatable, membranes unruptured, head passing through the brim in the first position. I then left for an hour and a half, after forbidding the use of chloroform during my absence, as I was desirous that all the voluntary efforts should have full play. When I returned I found that the pains had been very severe, and that the anæsthetic had been withheld from her with difficulty. The head was now on the floor of the pelvis, the membranes unruptured, and I allowed the moderate use of Duncan and Flockhart's chloroform during the pains, to an extent sufficient to deaden sensibility without rendering her unconscious or unable to see what was going on in the room. The child was born at a quarter past twelve, when I deepened the influence of the agent to insensibility, and allowed her to remain unconscious for not more than five minutes. The membranes ruptured just before the birth of a living male child, weighing 11½ lbs., when the anæsthetic was discontinued, and the patient immediately awakened without assistance, and the customary congratulations of the lying-in chamber were interchanged. With the child there came about a double handful of clots, and no further hæmorrhage occurred at any time. The uterus contracted firmly around the placenta, and after following it down with my left hand, I sat by my patient's side to insure the maintenance of permanent uterine contraction with my hand, as is always my habit. The placenta was expelled from the vagina without assistance after a few moments, the membranes remained in utero, but soon came entirely away, after they had been twisted, and carefully manipulated, after which I remained quietly by the patient, grasping the uterus steadily, and watching its behavior. The contraction was so permanent, that I was about to apply the binder—the friends had been admiring the child, and the mother joining in the conversation, had desired that the child should be brought to her, and had examined and caressed it, without raising her head from the pillow. In short, everything was going on in the most natural manner, when, without any apparent reason, certainly without hæmorrhage, the mother suddenly fainted, and the pulsations of the radial artery became indistinguishable. Retaining my grasp of the uterus, I sprang on the bed, and raised the legs and pelvis high in the air with one hand, while maintaining my grasp of the uterus with the other, ordering the while that the pillow should be taken from under her head, that the window should be opened, and that cold water should be dashed on her face. She rallied, but so imperfectly, that I sent one bystander for medical aid, while another fed her with brandy, and a third went in search of aromatic spirits of ammonia and beef-tea.

And now began a series of fainting fits of the most alarming character, with prostration like that of approaching death by syncope, soon aggravated by distressing nausea and vomiting. The surface became very cool, the features pinched, the complexion livid. Consciousness returned in the intervals of the fainting fits, when she was calm, but complained of dreadful suffering from dyspnoea. I may say once for all, that for nearly three hours I maintained, or caused to be maintained, continued grasp of the

uterus, though it was all the while well contracted, nor did hæmorrhage take place; but I felt that the loss of a very trifling amount of blood would turn the scale. There was no evidence of uterine laceration; the heart sounds, though very feeble and rapid, with weak impulse, could both be heard, and there were no physical signs of disease of that organ; there seemed no other indications than to keep the blood in the head and trunk and support the strength. Thus in addition to brandy by the mouth, fresh air, sprinklings, elevation of pelvis, legs, and arms, bottles of hot water held to the legs and feet, chloroform as a counter-irritant to the epigastrium; I also controlled one femoral artery. In rather less than three-quarters of an hour, I had the gratification of seeing Professor Gilman enter the room, who fully recognised the very critical condition of my patient, and aided me most efficiently in the struggle for her life. When finally it was evident that nothing could be retained on the stomach, we gave brandy and subsequently brandy and beef tea by enemata, which were kept in by firm pressure against the anus. An hour or two later Dr. Metcalfe came, by which time the fainting fits no longer coincided with diminished volume of the pulse. Her thirst was very great, but her stomach could retain nothing; though after vomiting her dyspnoea would be temporarily relieved. Stomach large and tympanitic. Pulse about one hundred and thirty, regular, but feeble. Nitric acid and subsequently hydrocyanic acid were given, and after several stimulating applications to the epigastrium, a blister was applied.

By evening we felt that the chief danger was over for our patient, who had previously calmly and without a murmur resigned herself to die, and the proposition of Dr. Gilman to add opium to the injections was adopted. I remained with her the entire night. The vomiting ceased about midnight, nor did it return, and she dozed somewhat. In addition to the brandy given by the mouth, I injected into the bowel ten and a half ounces of brandy in beef tea, with a hundred and sixty drops of laudanum, as well as a grain of the watery extract of opium.

June 14.—She has made a slow and tedious convalescence, without, however, suffering from any other symptoms than profound debility and tendency to syncope. She nurses her child, and is now able to take a very fair amount of exercise, and has increased in weight. The treatment has been solely of a supporting and stimulating character. On one occasion shortly after her confinement I thought that I could detect a faint systolic basic murmur, but it did not reappear on the next examination, and I have been loath to fix her attention too much on her heart, which is certainly not hypertrophied. During the consultation neither Dr. Metcalfe, Dr. Gilman, nor myself could ascertain more than I have noted.

The key to these phenomena may possibly be found in cardiac lesion; they may possibly have been induced by the anæsthetic, though I submit that a careful examination of the case does not in my opinion substantiate that theory; while it is too well known that we have yet to seek the explanation of many cases of sudden death after labor; and that in many others (as the Duchesse de Nemours) no one could prognosticate lesions only discoverable by an autopsy.

INFANTILE ERYSIPELAS.

By J. LEWIS SMITH, M.D.

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Among those diseases, which, though occurring at any period of life, present peculiar features in infancy, erysipelas is conspicuous. As this affection is comparatively rare in the infant, it is evident we can acquire a full knowledge of it only by the aggregate experience of many practitioners; and as the Medical Journals contain few reported cases of it, I have called on most of the leading physicians in the upper part of the city, and obtained from them the histories of such cases as they could recall to mind.

Many of these physicians are in extensive practice, with very little leisure; and I must acknowledge my obligations for the pains they have taken to furnish all the facts in their possession relating to this subject.

There is one form of disease in the very young infant, known as umbilical erysipelas, which I have rejected from the table, although I have records of three or four cases. About the time of the detachment of the cord, inflammation sometimes springs up around the umbilicus, accompanied by tumefaction and hardness of the surrounding cellular tissue, and redness of the skin; but this disease, so far as I have been able to ascertain, lacks the characteristic feature of erysipelas, viz. the tendency to spread. The remark made by Hoffman, "umbilicalem regionem in infantibus frequentius infestat, ac inde per abdomen spargitur," etc., has been quoted by various writers since, but I have not learned of any case in which it extended over a radius of more than two or three inches. There is usually ulceration of the walls of the navel, and pus is sometimes found after death in the umbilical vein.

This disease very generally has a fatal termination, but not in all cases. A case treated by Dr. Hubbard, of this city, recovered. In this child, the complaint commenced five or six days after birth; the inflammation extended from the navel over a radius of about three inches, and the ulceration covered about the size of a half-dollar. On recovering, a firm cicatrix occupied the site of the umbilicus. There seems to me to be as much reason for believing this a simple inflammatory as an erysipelatosus affection. Dr. Condie, although describing the disease under the head of erysipelas, believes "that in the majority of cases at least, it is dependent on phlebitis of the umbilical vein;" and Dr. Friebe, quoted by Dr. Condie, "is inclined to view the disease as a variety of partial induration of the cellular substance, in consequence of the cachectic condition of the infants." It is certainly rare in New York, although Bouchut, Condie, and others believe it common. The views expressed in this paper are based mainly on the following notes of cases, which were, with a few exceptions, treated in this city, and upon imperfect sketches of other cases.

CASE 1.—M., aged five months; commenced at right knee, extended over the entire trunk and all the extremities, ending with the neck and ears; symptoms: moaning, restlessness, finally rolling of the head; lasted five weeks and three days; recovered.

CASE 2.—M., aged two years; commenced on left knee, from a small sore; extended to the ankle and but little above the knee; symptoms: rapid pulse, furred tongue, bowels regular; lasted seven days; recovered.

CASE 3.—M., aged ten months; commenced at elbow, extended over the whole arm and forearm; an abscess formed; symptoms: slight cough, occasional vomiting, pulse very frequent, the highest 220; recovered.

CASE 4.—F., aged one year and eight months; commenced below the right knee, from an impetiginous sore; extended over the entire leg and the trunk as far as the umbilicus; symptoms: fever, bowels rather loose; lasted seven days; recovered.

CASE 5.—F., aged nine months; commenced at vulva; extended over the abdomen and chest, down the arms to the fingers, then along the back and over the legs; the face and head alone escaped; symptoms: high fever, moderate diarrhoea; lasted eighteen days; recovered.

CASE 6.—M., aged nine days; commenced at the genital organs; extended over both lower extremities, the abdomen, to the umbilicus, and along the back to the head; sloughing of the genitals; symptoms: diarrhoea, very quick pulse, fretfulness, accelerated respiration; lasted six days; died apparently exhausted.

CASE 7.—F., aged one year; commenced at vulva; extended over both legs, the body, both arms, the neck, ears, and scalp; symptoms: fever, green dejections; lasted six weeks; recovered.

CASE 8.—F., aged six weeks; commenced at or near the

ear; extended over the side of the face and the forehead; symptoms; fever, sometimes spasms; lasted one week; died in tetanic spasms.

CASE 9.—Aged nine months; commenced in epigastric region; extended over body and legs; lasted two weeks; died in tetanic spasms.

CASE 10.—F., aged ten months; commenced near the commissure of the mouth; extended over the entire face and scalp; lasted ten days; recovered.

CASE 11.—F., aged four weeks; commenced at vulva; extended over both legs, the entire trunk, both arms, the neck, and ears, reappeared in places; abscesses on the feet; symptoms: bowels regular; lasted three weeks; died exhausted.

CASE 12.—F., aged three months; commenced at vulva; extended over abdomen to the umbilicus, and over the right leg; symptoms: digestive organs regular; lasted two weeks; recovered.

CASE 13.—F., aged four to five months; commenced at vulva; extended over both legs, the trunk, except the chest, and over both arms; symptoms: fretfulness, fever, bowels regular; lasted from three to four weeks; died exhausted.

CASE 14.—F., aged five months; commenced around syphilitic sores, near the anus; extended over both legs and the trunk; symptoms: restlessness, very quick pulse; regular bowels.

CASE 15.—F., aged three months; commenced at vulva; extended over both legs, the entire trunk, and both arms; symptoms: restlessness, no diarrhoea; lasted three weeks; recovered.

CASE 16.—M., aged eight months; commenced on the face, near the nostrils; extended over the trunk and all the extremities; abscesses in different places; symptoms: green and frequent dejections; lasted from one to three weeks; recovered.

CASE 17.—F., aged four months; commenced at vulva; extended over the entire trunk and all the extremities; symptoms: diarrhoea, fretfulness; lasted one week; died exhausted.

CASE 18.—F., aged seven months; commenced at the knee; extended over both legs and a portion of the body; lasted three weeks; recovered.

CASE 19.—F., aged six months; commenced near the ear; from an excoriation; extended over the entire face, closing the eyes; symptoms: slight febrile action, bowels regular; lasted ten days; recovered.

CASE 20.—M., aged seven days; commenced on the left eyelid; extended over left cheek; symptoms, violent fever, coma; lasted three days; died comatose.

CASE 21.—M., aged fourteen days; commenced at the genitals; extended as far down as the knees, and upon the abdomen and back as far as the ribs; gangrene of the genitals; symptoms: thirst, constipation, frequent pulse, convulsions; lasted four days; died in convulsions.

CASE 22.—M., aged three months; commenced under the chin; extended over the chin and the left cheek; then down the neck and left side of the trunk and over the left leg; symptoms: constipation, at first the bowels about regular, but stools green; moderate pulse, about 120.

CASE 23.—F., aged two years and four months; commenced at the right shoulder; extended over the arm and forearm; symptoms: fever, constipation, convulsions; lasted one day; died in convulsions.

CASE 24.—F., aged three or four days; commenced at vulva; mother syphilitic; extended over the body and all the limbs; lasted about twelve days; died.

CASE 25.—F., aged three and a half months; commenced under the left ear from an abscess; extended over the neck, chest, and arms; symptoms: fever, restlessness, convulsions; lasted from one to three weeks; died.

CASE 26.—Aged seven months; commenced below the right knee, and not from a sore; extended over all the extremities, trunk, neck, and head; symptoms: fever, bowels changeable, sometimes loose, with green stools, sometimes regular; lasted two weeks; died comatose.

CASE 27.—F., aged six months; commenced at vulva; extended over nearly the entire trunk and the legs as far as the knees; lasted three days; died comatose.

CASE 28.—M., aged nineteen months; commenced near the point of vaccination, and the second day after the insertion of the virus; extended over the shoulder, arm, and forearm, reappeared once or twice in places; symptoms: tongue slightly furred, bowels regular, fretfulness, high fever; lasted twenty-one days; recovered.

CASE 29.—M., aged four months and three days; commenced near the point of vaccination, and after the scab had fallen; the pock presented the usual appearance; extended over both arms, forearms, and the chest; symptoms: great restlessness, green stools, and rather frequent, slight cough, pulse very frequent; lasted two weeks; recovered.

CASE 30.—F., aged two months; commenced near the vaccine vesicle, and five or six days after vaccination (not a good vesicle); extended over both arms, the trunk, and both lower extremities; lasted ten days; died exhausted.

CASE 31.—Aged three or four months; commenced near the vaccine vesicle nine or ten days after vaccination; extended over the arm, forearm, and shoulder on one side; symptoms: diarrhoea, fever; lasted two to three weeks; died.

CASE 32.—F., aged four months; commenced near the vaccine pock at the ninth day after vaccination; extended over the arm and trunk; cellulitis with abscesses; symptoms: fever; died exhausted in two months.

CASE 33.—M., aged two months; commenced near the vaccine pock the seventh day after vaccination; extended to every part of the body successively; lasted one week; died with peritonitis.

CASE 34.—M., aged five and a half months; commenced on left arm after vaccination; extended over the arm; suppuration of axillary glands and of the back of the hand; symptoms: restlessness; constipation, and finally regular bowels; recovered.

CASE 35.—M., aged two and a half months; commenced at the arm twenty days after vaccination; extended from the elbow to the shoulder; symptoms: intense fever; tympanitis; lasted seven days; died.

CASE 36.—M., aged eight months; commenced at the arm nine days after vaccination; extended over the entire arm and forearm; symptoms of broncho-pneumonia on the seventh day; oozing of blood from the surface vesicated by arg. nit.; lasted seventeen days; died.

AGE.—Of the above cases, twenty-four were at or under the age of six months; nine from six months to twelve, and only three above the latter age, showing greater frequency of erysipelas in the first six months of infancy.

In forty-nine cases in which I have ascertained the point of commencement, it was in thirteen cases, the vulva; sixteen, the arm from vaccination; six, the leg; five, the face; three, the male genital organs; two, at or near the ear; one, the elbow; one, the shoulder; one, the chin; one, the nates.

The frequency with which the disease begins at the vulva from some irritation, or perhaps uncleanness of these parts, renders the female infant more liable to be attacked than the male. In the table of cases it will be seen that there were fourteen males to nineteen females. It will be seen from the table also, that only in about one case in nine, was the erysipelas facial. There is then this difference between adult and infantile erysipelas; that the part on which the disease usually originates in the one period of life, is exceptionally the point of commencement in the other. In a large proportion of cases, the rash commences at or near some point of inflammation or irritation, though the exceptions are not infrequent. From the table we see it may commence around the inflamed auditory meatus; around the point of vaccination immediately after the insertion of the virus, or when the pock is developed, or again when it has run its course and been detached. It may commence around impetiginous or syphilitic eruptions, around burns and suppurating sores, and again at parts

where the skin is delicate, as the vulva in the female, or the commissure of the mouth.

CAUSES.—Among those causes which predispose to infantile erysipelas, impure air, uncleanness, and defective alimentation hold a principal place. Hence it occurs chiefly among the poor. It is more common in the city than in the pure air of the country, and in dispensary and hospital than in civil practice.

In a large proportion of cases there is also an exciting cause, usually, as we have seen, some trifling inflammation of the skin. Vaccination as an exciting cause of erysipelas demands particular notice. Often, no doubt, it is the inflammation which necessarily arises from the cut or the vesicle, which excites the erysipelatous affection, and not any deleterious property in the virus used, so that the same inflammation occurring in any other way, as from a burn, would be attended by a like result. But facts go to show that the virus itself is sometimes in fault. Thus a little girl was vaccinated in November last, and about the time the vesicle began to fill, she was seized with severe inflammation of the throat, attended by the pseudo-membranous deposit as shown by the microscope, and by swelling and induration of the cellular tissue of the neck, so that the disease was supposed to be diphtheria. This swelling suppurated and discharged, and the inflammation of the fauces rapidly subsided, and within a week from its commencement the throat affection had nearly or quite disappeared. As the girl was otherwise healthy, and the vaccine vesicle passed through the usual stages, and presented the usual appearance, the scab was employed six weeks after to vaccinate two infants. Within twenty-four hours after vaccination both these infants were seized with high fever, ushering in severe erysipelas, commencing in one around the point of vaccination; in the other, around syphilitic sores, near the anus. In the one the erysipelatous rash extended from the shoulder over the entire extremity, and was very obstinate; in the other, it extended over both lower extremities, and a considerable part of the trunk, when the case passed into the hands of another physician, and the result is not known. The vaccine disease did not appear in either case. In another instance a well known physician of this city vaccinated three children, one his own, No. 32, in the table of cases, with the same virus, being careful to have the lancet clean. On the seventh day after vaccination these children were all taken with erysipelas, his own dying. Another physician informed me, that he not long since vaccinated, with the scab, two children in the same family, with all the precautions that he had ever used, and both were soon after taken with severe and pretty extensive attacks of erysipelas, extending from the point of vaccination, the vaccine disease not appearing. Such cases render it probable that the vaccine virus may sometimes contain a latent deleterious property which may give rise to erysipelas. The lymph is probably less likely to produce this result than the scab, which contains more or less animal matter.

In the very young infant erysipelas can sometimes be traced to the mother. Dr. Condie, in his Treatise on Diseases of Children, 4th edition, page 553, says, "Erysipelas of infants very commonly occurs during the prevalence of epidemic puerperal fever; children of mothers, who become affected with the fever, are often born with erysipelatous inflammation; others are attacked almost immediately after birth. Whether in these cases the disease is to be referred to a morbid matter applied to the skin in the womb, or to the same epidemic or endemic influence which gives rise to the disease of the parent, it is difficult to say. According to M. Trousseau infantile erysipelas is principally observed when puerperal fever prevails in the wards of the Lying-in hospitals of Paris. The infants appear to him to inherit from their mother a *purulent diathesis*, and seem to be still, within certain limits, subject to the same maladies as the mother."

A case showing this relation of erysipelas in the infant to disease of the mother occurred in the practice of Dr. Leaming of this city. A lady gave birth to a healthy child, on

the 27th of July, 1860. Within a few days after her confinement she was seized with a chill, followed by erysipelas, commencing on the thighs, and terminating fatally on the 17th of August. No autopsy was made, and it is not certain whether she had internal inflammation. A few days before her death the same disease commenced on the child. It extended around the neck, upon the ears, down the arms, and finally terminated fatally on the 24th of August.

The most remarkable cases in point were related to me by Dr. Folsom of this city, and through his kindness I am enabled to give the history of them in his words. "About the year 1840, being then in practice in New Bedford, Mass., I was called to visit a man, who complained of pain in his knee. The next morning he was easier, but the following evening his symptoms grew worse, and as I was engaged in a case of obstetrics my partner, Dr. Elijah Colby, now dead, visited him. At my call next morning I unexpectedly found the patient dying. The disease was obscure, and at the autopsy next day, no lesion was discovered. In making the examination, Dr. Colby pricked his fingers, and feeling little inconvenience at first from it, he attended a case of confinement on the following morning. A few hours subsequently he was taken sick, and I took charge of the lady, who died in three days, having the tumid abdomen and symptoms of child-bed fever. The infant of this lady was seized when two days old with erysipelas, appearing on the face, and in spots on the face and limbs, and terminating fatally in one day. Dr. Colby's finger became swollen and painful, and the lymphatics of the forearm and arm inflamed, as shown by the red lines, and finally the axillary glands suppurated. Though feverish, and much prostrated, there was no appearance of erysipelas in his case. In about two weeks he resumed practice, and as at that time physicians were not fully aware of the danger of communicating puerperal fever, he attended two three or four obstetrical cases a week, until the number reached fifteen. All the mothers died with the symptoms of metrorrhagia, and all the infants had erysipelas, commencing on the face, or some parts of the body, generally the second or third day after birth, and in all terminating fatally within a week. This mournful record was finally ended by the doctor temporarily retiring from practice." Such cases, instead of being common, as Dr. Condie states, are certainly rare in New York, and the oldest physicians with whom I have conversed, have almost without exception never seen a case, in which erysipelas of the infant was in any way connected with erysipelas or puerperal fever of the mother. This relation is probably noticed chiefly in hospitals, and during epidemics of malignant erysipelas in private practice.

Premonitory Symptoms.—Infantile erysipelas in the majority of cases has no premonitory stage, or if present, it escapes notice. Sometimes, however, there are well marked precursory symptoms, as drowsiness or restlessness, fever, oppressed respiration, with perhaps vomiting and starting, or twitching of the limbs. In case No. 28, the fever, restlessness, and oppressed respiration were so great for three days before the appearance of the eruption as to cause much anxiety.

Symptoms.—The child is usually restless; the expression of the face and the moaning indicate how intensely he feels the burning pain. In severe cases there is very little sleep night or day, unless from medicine. Sometimes, when convulsions are threatened, the short slumbers are interrupted by sudden starting. Fever is always present, proportionate to the gravity of the disease. I know no other disease in which the pulse may be so frequent in favorable cases. I have notes of such cases, in which it numbered over two hundred beats per minute. The skin is dry and hot; the face often flushed; the tongue moist and covered with a slight fur; the stomach usually retentive. The condition of the bowels varies; sometimes they are regular, sometimes variable, and in other cases the stools are green, and more frequent than natural. From our record of cases it will be seen the bowels were regular in seven, loose in

nine, constipated in two, constipated then loose in one, constipated then regular in one. The looseness, when present, is usually moderate, requiring little or no treatment. The rash does not in all cases have such a deep red color as in the adult, but otherwise there is nothing peculiar in its appearance. There is sometimes vesication, as in the adult, and subsequently the same desquamation and œdema. If the infant is debilitated there is great danger of the formation of abscesses around which the inflammation lingers after it has disappeared from every other part of the body. Sometimes also in very young infants gangrene occurs, especially of the genital organs in the male. Several of these cases have been narrated to me, all under the age of a month or six weeks, and all proved fatal. Sometimes the sloughing is so great as to denude the testicles. A noteworthy feature of erysipelas in the child is its proneness to return. When it has been progressively subsiding, and hope is entertained of its speedy disappearance, it is not unfrequently suddenly relighted from unknown causes, travelling again over the same, or parts of the same surface. In one case the disease arising from vaccination extended three times over the arm and forearm, and in another case it spread a second time over both legs, and a considerable part of the trunk.

Prognosis.—Infantile erysipelas, though less frequent, is more fatal than erysipelas of the adult. According to the reports of the City Inspector of New York, for the years 1858-59 and 1860, there were eighty deaths from erysipelas in this city at the age of one year and under, while above that age through all periods of life there were only eighty-three deaths. Statistics to which I have access, show an excess of deaths from this disease, among infants in Providence, R. I., and in the states of Massachusetts, Kentucky, and South Carolina, though the disproportion is not so great as in New York.

There is probably no other infantile disease in which age so much influences the prognosis. Infants under six weeks very rarely live; from six weeks to six months recovery is doubtful; above the age of six months, a large majority recover under correct treatment. From the records published above, it will be seen that six infants had erysipelas under the age of six weeks, and all died; from the age of six weeks to six months six recovered, and nine died; and above the age of six months nine recovered, and four died. With the exception of a case of the so-called umbilical erysipelas, the youngest child who recovered of whom I have obtained any information, was three weeks old. In this case the rash extended nearly over the whole body, beginning with the face. It is scarcely necessary to state, that the disease is more favorable, when it affects the limbs, than when it invades the body, neck, or head; when it spreads slowly than rapidly; when it is superficial rather than phlegmonous. In those cases in which the cellular tissue is much involved the infant is not always safe, after the disease has run its course. He sometimes dies exhausted from the discharge of abscesses. I have sketches of two such cases.

Duration.—In thirteen cases that recovered the disease terminated within the first week in two, the second week in five, the third week in four, and in two cases it lasted five and six weeks. The average duration was fifteen days. In eighteen fatal cases, ten died within the first week, four the second week, three the third week, and one in the fourth week. The average was nearly ten days.

Mode of Death.—Death occurs in different ways; in convulsions, in coma, in a sort of tetanic spasm in the very young child; it may occur also from mere exhaustion, and from internal inflammation. The most common cause in the cases of which I have notes, was exhaustion.

Pathological Anatomy.—In the oldest treatise on diseases of children to which I have access, viz. Heberden's *Epitome Morborum Puerilium*, the pathological condition in infantile erysipelas is expressed in one sentence, "When the body has been opened after death, the intestines have been found glued together, and covered with coagulable lymph." Since Heberden's time, nearly all who have

written on diseases of children have mentioned peritonitis as one of the most common complications of erysipelas. Underwood says, "Upon examining several bodies after death, the contents of the body have frequently been found glued together, and their surface covered with inflammatory exudation, exactly similar to that of women who have died of puerperal fever."

Bouchut says, "As already remarked, peritonitis is, according to M. Barron, one of the most constant alterations in young children, who die from the disease we are now considering. In the *post-mortem* examinations we have made, we did not observe in the other organs any change which deserves to be mentioned."

Billard's observations have been different. "Upon examining the bodies of sixteen children that died, I found in two gastro-enteritis, in ten enteritis, in three pneumonia complicated with enteritis and cerebral congestion, and in one pleuro-pneumonia."

It is probable, that in young infants in Hospitals, peritonitis is common, but in older infants in private practice its presence is not so frequent.

Judging from the symptoms, the remarks of Billard would apply, rather than those of Underwood and Bouchut, to the disease as it occurs in New York. There is not usually sufficient abdominal tenderness and distension for peritoneal inflammation. In case No. 32 this inflammation was undoubtedly present, and perhaps in a few other cases; but where there was any internal disease the symptoms generally indicated enteritis. In only one of the cases in our collection was a *post-mortem* examination made, and in this no morbid appearance was observed in the viscera.

Treatment.—I have been surprised to find with what uniformity this disease is treated in this city. Nearly all physicians who have stated to me their mode of treatment, give the *tr. ferri muriat.* in ordinary cases, though the entire disease, and I have not met a physician who did not recommend the sustaining treatment. Beef tea and wine whey are commonly advised, and nothing recommended that will in any way lower the vital powers. With such unanimity, it is curious to notice the treatment recommended across the Atlantic. Bouchut says: "We should endeavor from the first, to allay the inflammation of the skin by energetic treatment. * * * Local abstraction of blood by means of one or two leeches applied at the circumference of the primary seat of the erysipelas, should be put in force, provided the power of the constitution of the children permits." Such treatment may explain one of Bouchut's aphorisms: *The erysipelas of infants is a fatal disease.*

The largest dose of the *tr. ferri muriat.* given in any of the cases, was in No. 4; ten drops every two hours to a child twenty months old, and this patient recovered in seven days from a pretty severe attack. Quinine was occasionally given as a tonic, and in one or two when the fever was intense the *spiritus mindereri*. Complications, if sufficient to require treatment, were treated as in other cases.

There is very general disapproval in this city of local treatment designed to circumscribe and arrest the disease, unless occasionally over a small extent of surface. The solid nitrate of silver was employed in two cases of which I have notes, and in both the result was not such as to encourage its use. Troublesome sores were produced, from which blood escaped, and in one at least death was attributed by the parents to this rather than to the disease. The *tinc. iod.* is more used, but there is in many a disbelief in its efficiency to arrest the disease in the infant. Local treatment designed to moderate the intensity of the inflammation does not differ materially from that used in adult cases.

DIABETES, THE RESULT OF DISEASE OF THE 4TH VENTRICLE.

—The *Gaz. des Hop.* reports two cases of diabetes, which, on *post-mortem* examination, disclosed softening of that portion (anterior) of the wall of the fourth ventricle, which gives origin to the pneumogastric nerve. These cases, with many similar ones on record, go to confirm the theory of Bernard in relation to the production of sugar in the liver.

Reports of Hospitals.

NEW YORK HOSPITAL.

J. L. LITTLE, HOUSE SURGEON.

STAB-WOUNDS OF CHEST. WOUND OF DIAPHRAGM AND LIVER. WOUND OF INTERCOSTAL ARTERY. DEATH. AUTOPSY.

STEPHEN GOODWIN, aged 36, admitted Feb. 1, 1861. (Dr. Buck, attending surgeon.) Patient a short time before admission was attacked by four sailors, knocked down, and stabbed in the chest. On admission he was suffering severely from the shock of the injury; surface cool; pulse small and weak; respiration hurried and painful. On examination three wounds were found, two of which were superficial. The principal wound was about three-quarters of an inch in length, and situated on the right side between the eighth and ninth ribs, in a line with, and about six inches below, the anterior fold of the axilla. Air and blood made their escape from the wound.

Treatment.—A compress of lint placed over the wound, and a body bandage applied. Heater applied, and fifteen drops of Magendie's solution of morphia administered. Ordered one grain of opium every hour.

Nine hours after injury. Pulse 120. Respiration 30, and labored; five drops of Tinc. Aconiti Rad. ordered to be given every alternate hour with the opium.

Thirty-eight hours after, patient complained of very severe pain in his side during respiration; eight ounces of blood were taken from the right arm, which relieved the pain for the time.

Forty-eight hours after injury patient died.

Post-mortem Examination.—Six pints of dark blood were found in the right pleural cavity. The lung was collapsed, and pressed against the vertical column. The pleura costalis and pulmonalis were covered with a deposit of fibrin about one-sixteenth of an inch in thickness. The wound was found to extend through the diaphragm and into the liver to the depth of one-quarter of an inch. The wound of the lung could not be found. The eighth and ninth ribs were removed at their angle, and on dissection the lower margin of the eighth rib was found to be nicked to the depth of a quarter of an inch. The intercostal artery and vein were found to be entirely divided. The hemorrhage into the pleural cavity was attributed to this cause. No effusion of blood into the abdominal cavity. Other organs in a normal condition.

Stab-wound of Chest—Wound of Lung—Recovery.—Warren Wendell aged 21, colored. Admitted May 17th, 1861 (Dr. Buck, attending surgeon), having sustained just before admission a stab-wound of the chest inflicted by a dirk-knife in the hand of an unknown man.

Patient after reception of the injury walked without assistance to the Hospital, a distance of about a quarter of a mile. When admitted he was suffering from painful and labored respiration; irritating cough; and frothy bloody expectoration. Pulse 98, full.

On examination, a wound about three quarters of an inch in length was found situated on the left side, about an inch to the left of the nipple. A probe introduced gently, passed downwards, backwards, and outwards, for the distance of an inch. No emphysema around wound. Slight hemorrhage from wound.

Treatment.—Edges of wound brought together with a strip of adhesive plaster, and a compress applied. Two grains of opium were given, to be followed by a grain every hour—low diet ordered. *Five hours after injury.* Respiration somewhat easier. Pulse 80.

Twenty-one hours after. Pulse 108. Respiration 30. In addition to the opium, patient took five drops of the Tinc. Verat. Virid. Two hours after, the dose was repeated, pulse a short time after the second dose was reduced to 90; respiration 20, and much easier.

Patient coughs considerably, expectoration frothy, and stained with bright blood. Complaints of severe pain in side while coughing.

From this time the patient continued to take one grain of opium every hour, which seemed to keep up a moderate degree of narcotism. Third day after injury, patient complained of increased pain in the region of the wound. Wet cups were freely applied, and succeeded in relieving the pain. Cough not so severe, and less blood in the expectoration. Pulse 80. Respiration 18. Fourth day, patient doing well, ordered to take opium gr. j. every three hours.

From this time he continued to improve, and on the eighth day left the Hospital, complaining only of a slight pain in the neighborhood of the wound on deep inspiration.

American Medical Times.

SATURDAY, JUNE 22, 1861.

THE RIGHT MAN FOR THE RIGHT PLACE!

"The right man for the right place," is the cry of the hour; and a very good cry it is too.—*North British Review.*

THE war of the Crimea taught the British Government a lesson of great and permanent value. It saw one of its best equipped, most thoroughly provisioned, and apparently most formidable armies, gradually brought into a state of comparative inefficiency, and almost helplessness, through a series of blunders the result of official incompetency. The troops, half clothed, perished with cold, while ship-loads of warm clothing were within their sight; they toiled incessantly in snow and frost, half-famished, while the luxuries of living filled the commissariat; they perished of fever, dysentery, and cholera, in unprovided hospitals, without medical treatment, while hospital stores crowded the apothecary's department. The heart of the English people was touched by the tales of suffering, misery, and death, which came from their friends and brethren, and soon was heard the cry of popular indignation from one end of the realm to the other, and the imperious demand:—THE RIGHT MAN FOR THE RIGHT PLACE!

If the British Government, with all its experience, could commit so grave a mistake as to instal unqualified persons in high or responsible positions in the perilous times of war, how infinitely greater is our danger of falling into this irremediable error? Our General and State Governments are profoundly ignorant of the art of war; they know nothing of its exigencies, its requirements, its laws, or its spirit. The former has for years had but a handful of half-famished troops on its borders, guarding the settler from the attacks of savages; hundreds of half-finished fortifications falling to decay, for lack of interest in their completion; and a school for military training, the educational nursing of the sons of a few Congressmen; while the latter have allowed their military laws to become a dead letter, or have abolished them altogether. Among the people at large the sword has literally been beaten into the ploughshare, and the spear into the pruning-hook; and their entire devotion to the arts of peace, and of a Christian civilization, might have been taken as a proof that they would learn war no more.

But suddenly the General Government summons from the States a vast army, and demands its immediate rendezvous at the National Capital; the State Governments respond with alacrity, and here our short-comings first appear. The State military offices have been filled without regard to the qualifications of the candidates. Too often the incumbent has not only been utterly ignorant of his duties during his entire term, but what is especially to be deplored, incompetent to their proper fulfilment, should the emergency occur. The general complaint that now reaches us from every encampment proves but too conclusively the truth of our remarks. The military spirit of the people being aroused, the supply of troops greatly exceeds the demand. The preparation of the outfits of this army opens a vast system of stock-jobbing, which is eagerly welcomed by the thousands who are ready to "turn a penny" by any new adventure. The weak and imbecile officials readily become the tools of designing men, and exercise the functions of their offices without discretion, or for mercenary purposes. As a consequence, the troops have been clothed with garments that would shame a convict, and have been entertained with food that rendered their summons to mess more to be dreaded than an order to prepare for battle.

With such a class of officers to commence the work of organizing this immense army, it is not strange that many of the most important positions have been filled by men wholly unfit for the stations to which they have attained. At every place of rendezvous this fact is apparent on the most superficial examination, and at length it has been exhibited on the field of conflict. If these fatal errors in our army organization are not remedied in time, disasters will be multiplied, and ultimate defeat is not an improbability. But it augurs well for the intelligence of our people, and the final success of our Government, that these defects are already noticed, and are eliciting the watchword of reform—**THE RIGHT MAN FOR THE RIGHT PLACE!**

The pertinent inquiry will arise in the mind of every patriotic physician, who has also the honor of his profession at heart—Is the medical profession of the loyal States properly represented in this great uprising of the people for the maintenance of our national Government? The simple truth is, the medical profession has as yet not a proper representation or influence in this movement. Medical men wholly unqualified for their positions have, unfortunately, too often been already installed in important offices, from which emanate other appointments of the same low grade of qualification. In one State, the question was asked by a leading paper, Who is our Surgeon-General? He was at length found, and proved to be a quack! It is not doubtful what will be the character of his subordinate officers. In another State, a surgeon, the brightest ornament of his profession, and who has a national reputation as an author, desiring to contribute his part to the good cause, early applied to the Surgeon-General of the State where he resided for the position of Medical Inspector at one of the rendezvous. He was, however, informed, by a communication from the Surgeon-General, that *no such office existed*. A few days after, the official bulletin announced the appointment, as MEDICAL INSPECTOR, at the very same rendezvous, and by the same Surgeon-General, of a man of universally acknowledged incompetency. This fact has since been proved by the re-inspection ordered by the military authorities at Washington, of the troops which

he had passed, and the discharge of large numbers as unfit for service.

The State Boards of Medical Examiners have proved, in many instances, either negligent, or culpably ignorant of their duties. We may estimate by hundreds the numbers of unqualified persons who have received the endorsement of these bodies, as capable Surgeons and Assistant-Surgeons to regiments. Indeed, these examinations have in some cases been so conducted as to prove the merest farce. Irregular practitioners, "retired physicians," disabled "political doctors," physicians unable to obtain a livelihood in civil practice from sheer incapacity, have emerged from the "Green Room" full-fledged Army Surgeons. The result of this official ignorance is now apparent; the Secretary of War has recently called the attention of the Surgeon-General of the United States to the reported incapacity of regimental surgeons of the volunteer forces at Washington, and directed a re-examination, with a view to the dismissal of those found incompetent.

In the present number will be found the Plan of Organization of the Sanitary Commission, with the names of the members. A more important commission never was organized in this country, and it reflects most creditably upon the intelligence of our highest authorities, and their disinterested zeal in behalf of the welfare of our citizen soldiers. The investigations which this commission proposes to pursue, and the defects which it will aim to remedy, are of vital interest to the army, and involve, to a certain extent, the final issue of the struggle. The medical profession have a deep interest in the success of this commission, for it is in its incipency, its duties, and its construction, a medical commission. It is, we believe, the first instance in which our Government has recognised a body as advisory in matters of a sanitary and purely medical character, independently of the medical department of the army. Our profession would gladly see this organization a permanent one. But its success depends upon the efficiency of the individual members of the commission. Distinguished as are the members of this body, and competent as they are to cope with the responsible duties which they have patriotically assumed, the medical profession will regret that the chivalrous State of Rhode Island could not have been represented by her distinguished Sanitarian, Dr. EDWIN M. SNOW; that New York could not add to its councils the knowledge of its wisest public Hygienist, Dr. JOHN H. GRISCOM; and that Pennsylvania could not contribute the ripe experience of its practical Health Officer, Dr. WILSON JEWELL. The names of many other gentlemen suggest themselves, whose life-long studies have eminently fitted them for the researches of this commission.

But we forbear to pursue this subject further. We have made these remarks in no captious or fault-finding spirit, but with a strong desire to see errors corrected, and evils removed, which if allowed will in the end prove dangerous if not disastrous. Especially do we desire to see the medical department of the volunteer army elevated above the low level of partisanship and favoritism. We trust that the re-examination of the regimental surgeons at the Seat of Government will be rigid, and that the service will be thoroughly sifted of its unqualified medical officers. Let the popular feeling, which demands that incompetent commissioned officers of the line shall retire, or fall back into the ranks, be extended to the medical department, in

all its branches, whether State or National. Let the motto of both Government and people in this struggle be:—**THE RIGHT MAN FOR THE RIGHT PLACE!!**

THE WEEK.

WE are glad to learn that PROF. F. H. HAMILTON has entered the Army Service as Surgeon to the Thirty-first Regiment of N. Y. State Volunteers. Whoever has examined the list of surgeons, passed by the different State Examining Committees, must have regretted to find so few names of eminent surgeons. It is especially gratifying to us to know that the State of New York is now represented in the volunteer army by the best talent of the medical profession.

THE importance of thorough vaccination of the volunteer troops was early illustrated by the occurrence of small-pox in the various camps of both the federal and confederate armies. Attention was given to this preventive measure early in the campaign by SURGEON-GENERAL VANDERPOOL, of this State. From the following extract from the *Providence (R. I.) Journal*, it appears that the officers of the Massachusetts regiments have foolishly rejected the proffered aid of a physician of great experience in vaccination, while the authorities of Rhode Island, with that intelligent foresight characteristic of all their public acts, have accepted a similar offer, and have thus secured the volunteers from the ravages of this fearful disease:—

A physician of Roxbury, Mass., well known for his experience in vaccination, writes to the *Boston Journal* that no sufficient attention has been given to the vaccination of the Massachusetts troops; that a large portion of the soldiers have never been revaccinated, and that many have never been vaccinated at all. He also says that he offered to vaccinate the soldiers free of expense; but he received intimations that his offer would be considered impertinent, and to avoid "the mazes of red tape and circumlocution" he withdrew it entirely.

We are happy to say that affairs are differently managed in Rhode Island. The offer to vaccinate the soldiers of the second regiment gratuitously has been cordially accepted, and the vaccination has been thoroughly performed by Drs. Snow, Collins, and Ely.

THE following order has been issued by the Surgeon-General of the United States Army, DR. FINLEY, to facilitate the labors of the new Sanitary Commission:—

SURGEON-GENERAL'S OFFICE, June 15, 1861.

A Sanitary Commission having been ordered by the President of the United States to examine into the condition of the Volunteers, with reference to Police Regulations, Hospital Supplies, and other subjects connected with the Hygiene of the troops, it is enjoined upon all Medical Officers of the Army and Volunteers to render every facility for such objects, and to give the Commission admission, when on visits of inspection, into all Hospitals, Regimental and General.

C. A. FINLEY, *Surgeon General, U. S. A.*

It is gratifying to notice the fact that the introduction of female nurses into our military hospitals is very favorably reported. A corps of nurses recently arrived at Camp Defiance, Cairo, Ill., under the direction of Mrs. Yates, "Matron of the Illinois Military Hospitals," who has been accepted by Miss Dix, on the part of the Government, and authorised to exercise full powers in the management of the nursing. A correspondent of a city paper says:—"Its

beneficent effects are already seen; men, at best, are out of place in the sick room; but women are nurses by instinct. The dull eyes of the hospital invalids brighten at their approach, and voices grow husky in attempting to express their gratitude. One poor fellow, a private in the Ninth Regiment, who died of typhoid fever this morning, gratefully recognised his nurse, almost at the last moment, long after he had ceased to notice any one else. * * This tender care for the soldier is the one redeeming feature of modern war." This will be acknowledged as a truthful compliment to women, as nurses, by every one who is familiar with hospital practice.

CLEMENT A. FINLEY, M.D., recently promoted to the office of Surgeon-General of the United States Army, is a native of Ohio. He entered the army as assistant-surgeon on the 10th of August, 1818, nearly forty-three years ago, and was promoted to the rank of surgeon on the 13th of July, 1832. He was the senior surgeon in the Medical Department of the army, and entitled to the promotion. The senior surgeon of the army, now, is Dr. Satterlee.

IN another column will be found the Plan of Organization of the Sanitary Commission, which has been called into existence by the exigencies of the present war, with the names of those composing the commission. We cannot sufficiently commend the liberal and enlightened spirit of our authorities, who have so cordially welcomed to their aid this body of co-workers on the part of our volunteer soldiers. We may justly anticipate the very best results from the labors of this commission, if it carries out fully the several branches of inquiry proposed in the plan of organization.

THE efforts of voluntary associations to supply hospital stores, clothing, &c., have been regarded by some citizens with disfavor, as this duty was alleged to belong to the Medical Department of the Army. Those who have been interested in these patriotic labors will be glad to learn from the following letter by DR. EDWARD B. DALTON, of this city, late Resident Physician of St. Luke's Hospital, that they have not labored in vain. The letter was directed to the N. Y. Medical Association, through which these supplies are forwarded to the several points where they will be most useful:—

U. S. GUN-BOAT QUAKER CITY, Chesapeake Bay,
Monday, June 10, 1861.

DEAR SIR:—The packages of lint, bandages, and hospital stores arrived all right according to list yesterday. I cannot sufficiently thank you and the Association you represent for your promptness and liberality in meeting my request, for they have not only supplied me with what I was most grievously in need of for those under my own charge, but have also brought comfort to the sick and wounded of the various regiments collected in and about Fort Monroe, just at a time when such assistance was most needed, and when, but for your timely generosity, many a brave fellow would have suffered for the lack of those necessities and comforts which it has been impossible to provide here. If the ladies to whom we owe the supply of these articles could but know the relief they afford to injured and disabled men, and to the minds of those who are responsible for their proper care, I am sure they would desire no other return for their self-sacrifice. The melancholy affair near Hampton occurred this morning, and the wounded were brought in barges to the fort hospital, just as I had got the goods on board the Quaker City. I at once went on shore and offered to Dr. Cuyler, the Surgeon-in-Chief of

the post, whatever of their contents could be made use of, and I assure you he was most glad to get it—especially the bedding, of which there is a great scarcity here, and which the sudden influx of patients to the hospital most strenuously called for. Dr. Heath, the Surgeon of the new gun-boat Daylight, which arrived here to-day, also came on board this afternoon, and was much gratified at the opportunity of obtaining a supply of several articles with which he had failed to furnish himself before sailing. Both these gentlemen are desirous of expressing their keen appreciation of the efforts of the ladies and the profession in New York in this matter. There are many others hereabout who must be in a similar condition; and I shall take pains to refer them to you immediately.

PLAN OF ORGANIZATION

FOR THE COMMISSION OF INQUIRY AND ADVICE IN RESPECT OF THE SANITARY INTERESTS OF THE UNITED STATES FORCES.

THE Commission naturally divides itself into two branches, one of *Inquiry*, the other of *Advice*, to be represented by two principal Committees, into which the Commission should divide.

I. *INQUIRY*.—This branch of the Commission would again naturally subdivide itself into three stems, inquiring successively in respect of the condition and wants of the troops:—1st. What *must be* the condition and want of troops gathered together in such masses, so suddenly, and with such inexperience? 2d. What *is* their condition?—a question to be settled only by direct and positive observation and testimony. 3d. What *ought to be* their condition, and how would Sanitary Science bring them up to the standard of the highest attainable security and efficiency?

SUB-COMMITTEES OF BRANCH OF INQUIRY.—A. Under the first Committee's care would come the suggestion of such immediate aid, and such obvious recommendations as an intelligent foresight and an ordinary acquaintance with received principles of sanitary science would enable the Board at once to urge upon the public authorities. B. The second Sub-Committee would have in charge, directly or through agents, the actual exploration of recruiting posts, transports, camps, quarters, tents, forts, hospitals; and consultation with Officers, Colonels, Captains, Surgeons, and Chaplains, at their posts, to collect from them needful testimony as to the condition and wants of the troops. C. The third Sub-Committee would investigate, theoretically and practically, all questions of diet, cooking, and cooks; of clothing, foot, head, and body gear; of quarters, tents, booths, huts; of hospitals, field-service, nurses, and surgical dressers; of climate and its effects, malaria, and camp and hospital diseases and contagions; of ventilation, natural and artificial; of vaccination; anti-scorbutics; disinfectants; of sinks, drains, camp sites, and cleanliness in general; of the best method of economizing and preparing rations, and changing or exchanging them. All these questions to be treated from the highest scientific ground, with the newest light of physiology, chemistry, and medicine, and the latest teachings of experience in the great continental wars. Probably these Committees of Inquiry could convert to their use, without fee or reward, all our medical and scientific men now in the army, or elsewhere, especially by sending an efficient agent about among the regiments to establish active correspondence with surgeons, chaplains, and others, as well as by a public advertisement and call for such help and information.

II. *ADVICE*.—This branch of the Commission would subdivide itself into three stems, represented by three Sub-Committees. The general object of this branch would be to get the opinions and conclusions of the Commission approved by the Medical Bureau, ordered by the War Department, carried out by the officers and men, and encouraged, aided, and supported by the benevolence of the public at large, and by the State governments. It would subdivide itself naturally into three parts. 1. A Sub-Com-

mittee, in direct relation with the Government, the Medical Bureau, and the War Department; having for its object the communication of the counsels of the Commission, and the procuring of their approval and ordering by the U. S. Government. 2. A Sub-Committee in direct relation with the army officers, medical men, the camps and hospitals, whose duty it should be to look after the actual carrying out of the orders of the War Department and the Medical Bureau, and make sure, by inspection, urgency, and explanation, by influence, and all proper methods, of their actual accomplishment. 3. A Sub-Committee in direct relation with the State governments, and with the public associations of benevolence. First, to secure uniformity of plans, and then proportion and harmony of action; and finally, abundance of supplies in moneys and goods, for such extra purposes as the laws do not and cannot provide for.

SUB-COMMITTEES OF BRANCH OF ADVICE.—D. The Sub-Committee in direct relation with the Government, would immediately urge the most obvious measures, favored by the Commission, on the War Department, and secure their emphatic reiteration of orders now neglected. It would establish confidential relations with the Medical Bureau. A Secretary, hereafter to be named, would be the head and hand of this Sub-Committee—always near the Government, and always urging the wishes and aims of the Commission upon its attention. E. This Sub-Committee, in direct relation with the army officers, medical men, the camps, forts, and hospitals, would have it for its duty to explain and enforce upon inexperienced, careless, or ignorant officials, the regulations of a sanitary kind ordered by the Department of War and the Medical Bureau; of complaining to the Department of disobedience, sloth, or defect, and of seeing to the general carrying out of the objects of the Commission in their practical details. F. This Sub-Committee, in direct relation with State authorities and benevolent associations, would have it for its duties to look after three chief objects. First.—How far the difficulties in the sanitary condition and prospects of the troops are due to original defects in the laws of the States or the inspection usages, or to the manner in which officers, military or medical, have been appointed in the several States, with a view to the adoption of a general system, by which the State laws may all be assimilated to the United States regulations. This could probably only be brought about by calling a convention of delegates from the several loyal States, to agree upon some uniform system; or, that failing, by agreeing upon a model State arrangement, and sending a suitable agent to the Governors and Legislatures with a prayer for harmonious action and co-operation. Second.—To call in New York a convention of delegates from all the benevolent associations throughout the country, to agree upon a plan of common action in respect of supplies, depots, and methods of feeding the extra demands of the Medical Bureau or Commissariat, without embarrassment to the usual machinery. This, too, might, if a convention were deemed impossible, be effected by sending about an agent of special adaptation. Thus the organizing, methodizing, and reducing to serviceableness, the vague, disproportioned, and hap-hazard benevolence of the public, might be successfully accomplished. Third.—To look after the pecuniary ways and means necessary for accomplishing the various objects of the Commission, through solicitation of donations, either from State treasuries or private benevolence. The treasurer might be at the head of this Special Committee.

OFFICERS.—If these general suggestions be adopted, the officers of the Commission might properly be a President, Vice-President, Secretary, and Treasurer. *President*.—His duties would be to call and preside over all meetings of the Commission, and give unity, method, and practical success to its counsels. The *Vice-President* would perform the President's duties in his absence. The *Secretary* should be a gentleman of special competency, charged with the chief executive duties of the Commission, in constant correspondence with its President; be resident at Washington,

and admitted to confidential intimacy with the Medical Bureau and the War Department. Under him such agents as could safely be trusted with the duties of inspection and advice in camps, hospitals, fortresses, etc., should work, receiving instructions from, and reporting to, him. He would be immediately in connexion with the Committees A and B of the Branch of Inquiry, and of Committees D and E of the Branch of Advice. The *Treasurer* would hold and disburse, as ordered by the Commission, the funds of the body. These funds would be derived from such sources as the Commission, when its objects were known, might find open or make available. Donations, voluntary and solicited; contributions from patriotic and benevolent associations, or State treasuries, would be the natural supply of the cost of sustaining a commission whose members would give their time, experience, and labor to a cause of the most obvious and pressing utility, and the most radical charity and wide humanity; who, while unwilling to depend on the General Government for even their incidental expenses, could not perform their duties without some moderate sum in hand to facilitate their movements. The publication of the final report of the Commission could be arranged by subscription or private enterprise.

As the scheme of this Commission may appear impracticable from apprehended jealousies, either on the part of the Medical Bureau or the War Department, it may be proper to state, that the Medical Bureau itself asked for the appointment of the Commission, and that no ill-feeling exists or will exist between the Commission and the War Department, or the Government. The Commission grows out of no charges of negligence or incompetency in the War Department or the Medical Bureau. The sudden increase of volunteer forces has thrown unusual duties upon them. The Commission is chiefly concerned with the volunteers, and one of its highest ambitions is to bring the volunteers up to the regulars in respect of sanitary regulations and customs. To aid the Medical Bureau, without displacing it, or in any manner infringing upon its rights and duties, is the object of the Commission. The embarrassments anticipated from etiquette or official jealousy have all been overcome in advance, by a frank and cordial understanding, met with large and generous feelings by the Medical Bureau and the Department of War.

OFFICERS.—Henry W. Bellows, President; Prof. A. D. Bache, Vice-President; Elisha Harris, M.D., Corresponding Secretary; George W. Cullum, U. S. Army; Alexander E. Shiras, U. S. Army; Robert C. Wood, M.D., U. S. Army; William H. Van Buren, M.D.; Wolcott Gibbs, M.D.; Samuel G. Howe, M.D.; Cornelius R. Agnew, M.D.; J. S. Newberry, M.D.; George T. Strong, Treasurer.

WAR DEPARTMENT, WASHINGTON, June 13, 1861.

I hereby approve of the plan of organization proposed by the Sanitary Commission, as above given; and all persons in the employ of the United States Government are directed and enjoined to respect and further the inquiries and objects of this Commission, to the utmost of their ability.

SIMON CAMERON, *Secretary of War.*

ORGANIZATION OF COMMITTEES.—*Committee of Inquiry.*—Wolcott Gibbs, W. H. Van Buren, Elisha Harris, S. G. Howe, C. R. Agnew; the President, Secretary, and Treasurer, ex-officio.

Committee of Advice.—A. D. Bache, Robert C. Wood, G. W. Cullum, A. E. Shiras; the President, Secretary, and Treasurer, ex-officio.

Sub-Committees.—A.—H. W. Bellows, A. E. Shiras, C. R. Agnew. B.—The Secretary; W. H. Van Buren, G. W. Cullum, S. G. Howe. C.—W. H. Van Buren, E. Harris, W. Gibbs, C. R. Agnew, G. T. Strong. D.—The Secretary; A. D. Bache, R. C. Wood. E.—The Secretary; G. W. Cullum; A. E. Shiras. F.—C. R. Agnew, H. W. Bellows, G. T. Strong; the Secretary.

Reviews.

A PRACTICAL TREATISE ON PHTHISIS PULMONALIS, embracing its Pathology, Causes, Symptoms, and Treatment. By L. M. LAWSON, M.D., Professor of Clinical Medicine in the University of Louisiana, Visiting Physician to the New Orleans Charity Hospital, etc. S. S. & W. WOOD, New York.

It would seem, at first view, that a treatise on the tubercular disease, appearing at this late day, must be little more than a compilation, or relash of the writings of previous observers. For the most industrious and efficient laborers in medical science, among whom Louis may be mentioned as a conspicuous example, have studied this subject most carefully and minutely. Still, we consider the treatise of Dr. Lawson a valuable addition to medical literature. It is written in a perspicuous and candid style, as if the writer were anxious to ascertain the truth, rather than to establish any theory.

It contains, in addition to the important facts which other observers have ascertained, on the subject of tubercles, valuable statistics prepared from the author's own observations. The volume is an octavo of more than five hundred pages, and is divided into four parts. The first relates to the pathology of phthisis; the second to the etiology; the third to the semeiology, and the fourth to the therapeutics. A brief enumeration of the important topics discussed in these divisions of the work will give the reader an idea of its character and scope. In the first part, the following subjects are discussed: The tuberculous constitution, precursory stage of phthisis, tubercular deposits, explaining the physical characters, varieties, histology, and chemistry, of the tubercle. Condition of the blood determined by the microscope, and by chemistry; and of the lymph and chyle; state of the secretions; deposit of tubercle, and the changes which occur in tubercular deposits, and in the tissues, consequent on softening and elimination of tubercles; secondary and intercurrent lesions, and finally a chapter is added on the nature of phthisis.

In Part II, the causes of phthisis are described under three heads; first, the congenital predisposition; secondly, causes which may induce phthisis independent of an hereditary predisposition, as the climate, occupation, ingesta, etc.; thirdly, pathological inducing causes, as inflammation, congestion, asthma, pertussis, the essential and eruptive fevers.

Part III. relates to the symptoms, according to the stage and variety of phthisis, and Part IV. to the therapeutics.

It will be seen that the plan of the work is comprehensive, and the topics discussed for the most part useful and interesting. The fact that the work is largely statistical, increases our confidence in the views expressed; and yet we must not forget that statistics frequently give us only an approximation to the truth, there are so many sources of error, so many modifying conditions, which are likely to escape the notice of the statistician. These statistics are no doubt as free from error as the nature of medical statistics will allow them to be.

To the American practitioner, the treatise especially commends itself, on account of the facts it contains, relating to the influence of the climate of the United States on phthisis. From the great extent of our national territory, the meteorological conditions vary in different parts, and with these variations diseases change. The facts collected by the author go to show that "consumption originates far less commonly in the Southern than in the more Northern regions, and that it gradually but perceptibly diminishes from Maine to Florida." The census returns and the bills of mortality collated by Dr. Lawson, appear to substantiate this statement, although a different opinion has been held by many. The physician should know those localities in

which there is comparative immunity from phthisis, and these can be ascertained only by figures. We believe from the excellent plan of this book, and the research and ability with which it is written, that the demand will insure the publication of other and improved editions, as time increases our knowledge of the important disease of which it treats.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, April 24, 1861.

DR. GARRISH, CHAIRMAN PRO TEM.

FIBRO-NUCLEATED TUMOR OF BRAIN.

DR. SANDS presented a specimen of apoplexy with tumor of the brain, and gave the following history of the case:—I was called, about half-past six o'clock on day before yesterday morning, to see a man who it was said had a fit. On arriving at his house, I obtained the following account of him. It appears that he was a bar-keeper, had been out until midnight, and came home in his usual health, and went to bed. About five o'clock, a person sleeping in the same room with him was awakened by a noise, and on getting up, he found the patient on the floor, endeavoring to seize the neck of his night-shirt, to tear it from him, saying something in an almost inaudible voice to the effect that he was poisoned. His companion immediately sent for a physician, who, on arriving, said nothing could be done, and left. I soon after arrived, and found the patient dying. The surface was cold; the respiration nearly extinct, it having been, according to the account of the persons present, stertorous; the pulse 120 per minute; the pupils widely dilated, and the patient entirely insensible. He died whilst I was there. Of course, the case came under the notice of the coroner; and I was present at the autopsy, which was made by Dr. Boughton, to whom I am indebted for the specimen. The patient, I should remark, was known to be a hard drinker, and in consequence had had several attacks of delirium tremens. The kidneys were about the usual size, but granular upon their surfaces, with a good deal of atrophy of the cortical portion. The heart presented thickening of the mitral valve, and some atheromatous deposit at the origin of the aorta, and the aorta itself presented patches of the same material. The principal post-mortem appearances that were interesting were found within the cranium. It will be seen, on examining this brain, that the tuber annulare has a very much greater breadth than it should have; and this increase in the width is evidently due to its distension by an apoplectic clot. (The parts afterwards being laid open, this was found to be the case.) This clot in this situation accounts for the sudden death of the patient. Almost accidentally there exists another morbid condition of the brain, which I suppose had nothing to do with his illness or death. The calvarium was removed in the usual manner; but when the dura mater was cut through on the left side by a scalpel, it was noticed to pass through a soft substance which was not brain matter. Care was then taken to see what was the trouble, when a tumor was discovered, developed from the arachnoid surface of the dura mater. This tumor is hemispherical in its shape, its flattened surface being the point of attachment, the convex surface crowding upon the surface of the hemisphere without showing any signs of inflammation in the vicinity. The greatest breadth of the tumor is about an inch and a half; its surface is finely lobular, and presents a very vascular appearance. I have examined this tumor somewhat hastily by the microscope. It contains a very appreciable amount of connective tissue, which is disposed in bands running in various directions, many of them having a concentric direction inclosing circular spaces. These spaces appear to be filled partly with

nuclei and partly with cells. The tumor I take to be one of a very rare form, to which Mr. Bennet, the Edinburgh physician, has given the name of fibro-nucleated—a name adopted by Mr. Paget—and in his opinion the tumor is closely allied to those known as fibro-recurrent. The nuclei abound considerably above the cells; they are oval, and contain either one or two nuclei. Both the nuclei and nucleoli are very minute, the average long diameter of the former being $\frac{3}{1000}$ of an inch. The cells are exceedingly slender, and correspond in appearance with those found in the fibro-recurrent tumor. Notwithstanding the tumor seems to have existed a considerable length of time, there were, according to the account of one of his friends, no brain symptoms at any time present, excepting the occasional attacks of delirium tremens. The deceased was thirty-seven years of age.

DR. GARRISH stated that he had met with four cases of tumors of the brain, two situated in the cerebrum, and two in the cerebellum. In the two former cases brain symptoms, in the form of epilepsy, were manifest during life, but in the two other cases no cerebral disturbances showed themselves. He asked the experience of the members in relation to the matter.

DR. KRACKOWIZER stated that he attended a woman in confinement who, at the post-mortem examination, had a fibroid tumor in one of the corpora striata. In that case the patient suffered from intense headache during the latter part of her life. He remembered also a specimen of tumor of the arachnoidal surface of the dura mater, presented by Dr. Conant; in that case the symptoms of brain trouble extended back quite a number of years.

DR. SEWALL referred to a case of abscess of the left hemisphere, which, from appearances, lasted a great while; but the patient suffered from no brain symptoms until within two weeks of her death. The abscess contained ill-conditioned pus, and was lined with a thick, solid pyogenic membrane. The patient was forty-five years of age.

The Society then adjourned.

MONROE COUNTY MEDICAL SOCIETY, NEW YORK—FORTY-FIRST ANNUAL MEETING.

This Society met for its Forty-first Annual Session on Wednesday, the 12th inst., at the Common Council Chamber, City Hall, at 10 o'clock a.m., and, in absence of the President, was called to order by the Vice-President, Dr. WHITBECK. In order of business, the minutes of the last annual and special meetings were read, corrected, and approved.

DR. REID, Chairman of the Committee on Publication, reported progress: one hundred copies of certificates of membership have been printed under their supervision. On motion of Dr. Langworthy, the report was accepted.

DR. ARMSTRONG, Chairman of Committee on Medical Ethics, reported that the resolution re-committed to them at the previous meeting of the Society, was revised, and, together with a memorial, presented to the State Medical Society at its last annual session.

Committees on Medical Topography, Insanity, and Pauperism, reported unprepared. On motion of Dr. Dean, the Committees were continued, and instructed to report at next annual meeting.

DR. ARMSTRONG, Chairman of the Committee on Endemics and Epidemics, made a lengthy report, which, on motion, was accepted by the Society.

DR. LANGWORTHY, Chairman of Committee on Medical Jurisprudence, made an able report in a paper, having for its subject the Inadequacy of our Civil Laws to prevent Criminal Abortion. In conclusion, he offered the following resolutions, which were adopted:

Resolved, That in view of the enormous increase of Criminal Abortion, and the inadequacy of the present laws to properly punish the offenders, the Society request the N. Y. State Medical Society to press upon the notice of the Legislature the memorial presented to them by the American Medical Association on this subject.

Resolved, That our Secretary is hereby instructed to transmit a copy of these resolutions to the Secretary of the State Society at Albany.

The following committees were appointed by the Chair: Drs. Dean, McNaughton, and Bangs, Committee on Credentials. Drs. Langworthy, Reid, and Bly, Committee on Nomination of Officers.

The following resolutions were offered by Dr. Langworthy, and adopted by the Society:

Resolved, that this Society unite in a hearty "God-speed" to those of our fellow members who have gone forth to battle in behalf of our beloved country, in this her hour of peril.

That, while we give them the credit of being in the van, still, when the "long roll" shall beat, and surgical reinforcements are called for, there will be found among us a "reserved corps," whose homes thenceforth shall be the tented field, until the last watch-fire is extinguished of this unnatural and unjust rebellion.

Resolved, that as it will surely come, so will we hail the day when the glorious old flag of Saratoga shall proudly wave from Point Isabel to Madawaska, and from Nootka Sound to Key West.

Adjourned to meet at two o'clock P.M.

AFTERNOON SESSION.

The Society reassembled at two o'clock, and was called to order by the President, Dr. Moore.

Committee on Credentials reported favorably on the application of Isaac V. Mullen to membership; the report was accepted, and Dr. Mullen duly declared a member of the Society.

Dr. DEAN, chairman of Committee on Obstetrics, submitted his report, which was accepted.

The President then delivered his address; subject, Medical Science.

On motion of Dr. Langworthy, the Society tendered a vote of thanks to the retiring President for his able address.

Committee on Nomination of Officers made the following report, which was accepted; and on motion of Dr. Bly, that the by-laws be suspended, the officers were elected by *viva voce* vote. For President, Dr. R. C. Reynolds; Vice-President, Dr. Reichenbach; Secretary, Dr. Arner; Treasurer, Dr. Bly; Censors, Drs. McNaughton, Bangs, Whitbeck, Armstrong, and Mullen; State Delegates, Drs. Bly, Ely, and Dean; Delegates to the American Medical Association, Drs. Reid, Langworthy, Moore, and Bly.

On motion of Dr. Bly, a tax of one dollar was levied on each member of the Society.

On motion of Dr. Langworthy, the Secretary was directed to draw orders on the Treasurer of the Society for the payment of the annual tax due to the State Medical Society, and such other bills as have been presented to the Society.

The Treasurer then submitted his report, which was accepted, when, on motion of Dr. Armstrong, the Society adjourned.

Correspondence.

CHLORATE OF POTASH IN VARIOLA.

[To the Editor of the AMERICAN MEDICAL TIMES]

SIR:—I see a reference to the use of Chlorate of Potash in Small-pox in your issue of April 20th. This details but a single case, that of a pregnant female, in which the remedy had been prescribed. The author wished, perhaps, to call attention more to the condition of the patient and her uninterrupted state, than to the remedy employed for the mitigation of the disease. I wish, on the contrary, to call attention to the remedy itself as applicable to the disease.

During the months of March and April, I treated some twenty-two cases of Small-pox. They were of a mixed variety, as is usually the case, five being confluent. When called to the first set of patients, on the second day of the attack in the case of a young lady, reaction had not been established. Her pulse was 140, respiration labored, great thirst, and delirium during the full period of invasion. I ordered wine and quinine internally, and diffusible heat

to the surface. Reaction was not fully established until the fourth day, when simultaneously was developed the eruptions in its confluent form. I then substituted the chlorate of potash for lime and quinine. The delirium soon subsided; and the disease ran its course regularly, through the several stages, with far less secondary fevers during the suppurative period than I had been led to believe would follow. And her symptoms were less severe than several others that were less violently attacked. She suffered not at all from dyspnoea, during the suppurative stage, which is so constant a symptom in variola, and which was so common with the others, that had been treated with acet. ammon., rochelle salts, and a Dover's powder, to induce sleep or rest. One of the number, a young lady of full habit and excellent health, was threatened with suffocation for several days. She could not rest in a horizontal position, but required a semi-erect posture to enable her to get her breath. In this suffering and distressed condition of the patient I resorted to the use of the chlorate, which, after its continuance for some twenty-four hours, appeared to give her great relief, and allowed her to resume the horizontal posture again, without suffering any inconvenience therefrom. The symptoms during the invasive stage were less severe by far than those narrated earlier, yet the dyspnoea that was so alarming in the former case as a symptom, failed entirely to be developed in the latter. The remaining cases amongst the first attacked were children, so that the subjective systems could not be so correctly gathered; but the threatenings of suffocation in none of them were so imminent, although complained of by several of the older ones. The result of the previous cases induced me to adopt the remedy in all the subsequent ones—sixteen. In the latter number there were some as well-developed cases of the confluent form as in the former. They appeared equally severe, and one, perhaps, even severer than any of the former ones. Yet in no instance did they suffer or complain of symptoms of suffocation. What to attribute it to other than the remedy—chlorate of potash freely used—I know not.

At two different times earlier in my practice, the disease appeared amongst us, and from one-half and two-thirds of the number of cases there were two and three deaths, while in the last instance there were none.

That the difference was in the grade of the disease, I am not prepared to admit; or that the latter was a more favorable class of subjects to resist the ravages of the disease. But, on the contrary, the last was the least favorable of all, both as regards type and subject, so that to the remedy I am disposed to ascribe a liberal share of the success and beneficial effects, after adopting its use.

J. T. READ, M.D.

Fairfield, Greene Co., Ohio, June 15, 1861.

FOREIGN CORRESPONDENCE.

[Letter from DAVID P. SMITH, M.D.]

EDINBURGH.

Jan. 30, 1861.—Professor Simpson said that in practice, however one might theorize, when the forceps was applied to the head above the brim of the pelvis, it must be done with reference to the parts of the mother. It is in fact the only way it can be done. The cause of stoppage at the brim is almost always projection forwards of the promontory of the sacrum, and when the forceps is applied one blade comes just before and the other just behind an ear.

Jan. 31.—Mr. Syme explained his method of operating for the radical cure of hernia. He replaces the bowel in the abdomen by pushing his forefinger up the inguinal canal, of course invaginating the integuments upon it. Then, having the tip of the finger just hooked under the internal oblique, he passes upon his finger as a guide two long needles, one along each margin of the finger. These needles are threaded with a cord which draws up into the invagination anything that will serve as a retaining cylinder, a bit of bougie, or candle. These needles having been thrust

through the sac, internal oblique, and superincumbent tissues just at the tip of the finger, the cord that they carry is tied over a pad of something that will prevent the knot ulcerating into the integuments. This procedure, Prof. S. holds to be perfectly safe and easily executed, and what is especially to be desired, effectual. The next case was one of cancerous ulcer of seven years' duration, situated under the mamma of a female, which chloride of zinc seemed competent to remove. Next a case of enlarged tonsil was shown, which, although not indurated, was judged to be cancerous and irremediable, because it was entirely confined to one side, and the submaxillary glands were enlarged, and the patient bore an unhealthy aspect. A patient now presented himself with carious disease of the knee-joint, necessitating amputation, which had been in progress fourteen years. Prof. S. remarked that although the long continuance of the disease made the operation dangerous, yet the youth of the patient, who was only twenty years of age, gave a favorable aspect to the case, and that in consequence he advised amputation. Caries and necrosis often are present together, caries *in* and necrosis *about* the same joint. The next patient, a young woman of twenty, presented a tumor on the palmar aspect of the forearm, neither subcutaneous nor connected with bone, movable laterally but not longitudinally. Mr. S. pronounced it to be a neuroma of the median nerve, and on proceeding to remove it the diagnosis was substantiated. At least six inches of the nerve were included in the tumor, which was say two inches in diameter, and was entirely removed. An infant was then shown with a small nevus upon the upper lip. Very properly, as Mr. S. remarked, vaccination had been performed upon it, but obliteration had not been effected. Nitric acid was now applied by pins, which were thrust into it in every direction.

LONDON.

Feb. 11.—To-day, after spending the morning in St. Bartholomew's dissecting rooms, I listened to Mr. Skey, on Anatomy, and to Dr. Burrows, on Hydrocephalus. True to his surgical instincts, Mr. Skey is disposed to hasten over the immaterial portions of anatomy, and spend his strength upon the practical points. The most of his lecture to-day was occupied in strictly defining the exact position of the vessels at the root of the neck, particularly insisting upon the position of the left brachio-cephalic vein, directly behind the upper bone of the sternum. Dr. Burrows's lecture was eminently instructive, and possessed great interest to me because his account of acute hydrocephalus most accurately coincided with my painful experience of the disease.

Feb. 12.—This afternoon at two o'clock, I went to the famous Guy's Hospital, situated on the south side of the Thames. Mr. Cock operated for contraction of the little finger, produced by a burn. A V-shaped incision was made on the palmar aspect of the finger with its open part towards the carpus; the finger then fully extended upon a splint; and wet lint placed upon it so as to allow it to heal by granulation. Mr. Hilton then performed a very similar operation upon a cicatrix involving the anterior fold of the armpit, also leaving it to heal by granulation. The last operation was one for defective union of a hare-lip, performed by Mr. Birkett, and presented nothing of interest except its being done in such a manner as to positively necessitate the leaving of a notch in the red margin.

Feb. 13.—After as usual spending four or five hours in the dissecting-room, I went to the University College Hospital, where I saw Mr. Erichsen perform Wutzer's operation for cure of reducible hernia, and also strangulate a nevus, excise some carious bone from the tarsus, and operate upon varicose veins of the lower extremity. In regard to the last named operation, Mr. E. stated that he did it because great bleeding had repeatedly occurred from the varicose ulcers, and also because he considered the passing of pins beneath the veins, and twisting thread over them and upon a piece of bougie placed under, so as to protect the skin, as perfectly safe.

Feb. 14.—My time to-day was almost entirely spent in

the dissecting-room, and the time I took to ride out to St. George's afforded me only the benefit of listening to a few very hurried clinical remarks from Mr. Hawkins. He treats delirium tremens with large doses of opium, gin, and quinine.

Medical News.

ARMY INTELLIGENCE.

SECOND VERMONT REGIMENT.—Surgeon, H. N. Ballou; Assistant Surgeon, B. W. Carpenter. The *Burlington Free Press* thus speaks of these appointments:—"Doctors Ballou and Carpenter are well fitted by character, experience, and standing as men and in their profession, for their responsible posts, and the health of the Regiment can be committed to their care with entire confidence. There will be no neglect of sick soldiers, from the booziness of the surgeons, while they retain their posts, nor will the assistant be heard to wish that he had under his care a regiment of raw *Irishmen*, instead of 'these Vermonters, who thought they must be treated like gentlemen.'"

ONEIDA (N.Y.) REGIMENT.—Surgeon, Alonzo Churchill; Assist. Surgeon, J. E. West. **ST. LAWRENCE (N.Y.) REG'T** (16th).—Surgeon, W. Blair Crandall, of N. Y. City; Assist. Surgeon, John E. Moores, of Plattsburg. **CAYUGA (N.Y.) REG'T.**—Surgeon, Theodore Dimond; Assist. Surgeon, B. Howard.

ARMY SURGEONS APPOINTED.—The following appointments reported for the approval of the War Department were made at the session of the Army Board of Medical Examiners lately held in this city:—Wm. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Charles C. Gray, N. Y.; Wm. C. Spencer, N. Y.; F. L. Town, N. H.; Alex. Ingram, Ohio; Peter V. Schenck, N. J.; J. W. S. Gouley, La.; Dallas Baché, D. C.; John H. Frantz, Pa.; Webster Lindsley, D. C.; C. E. Goddard, N. Y.; H. R. Silliman, Pa.; P. C. Davis, Va.; Joseph S. Smith, Va.; C. J. Wilson, D. C.; James E. Weeds, Ohio; Charles B. White, N. Y.; G. M. Sternberg, N. Y.; B. E. Fryer, Pa.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT.—The Annual Commencement of this Institution took place on the 13th inst. Twenty candidates received the degree of M.D. from the President, Rev. Dr. PEASE. This school maintains its reputation with the profession unabated, notwithstanding the tendency of medical teaching to centralize in the large cities.

CEPHALIC PILLS.—A correspondent of the *Rural New Yorker* says:—"Taking other papers, I get four columns of Cephalic Pills a week. As these are to be continued through the year, I already have the assurance of two hundred and eight columns. These, united, would make a ladder reaching to the skies. Laid upon the ground it would rival in length, and in other ways, the famous sea serpent. Used as an auger and run into the ground, 'it would go deep enough for an oil well,' and constitute, as you and your readers must all admit, the biggest kind of a 'bore.'"

HOSPITAL OF THE MEDICAL COLLEGE OF VIRGINIA, AT RICHMOND.—This hospital, erected at a cost of more than \$20,000, is now open for the reception of patients. Its plan is admirably adapted to the purposes of its construction, and it is provided with every convenience requisite for the comfort and successful treatment of the sick. The patients are under the immediate care of the Professors of the College. The charges, for board, medical attendance, &c., are, for white patients, \$6 per week; colored patients, \$5 per week; private rooms, \$7 to \$15 per week. In addition to these weekly rates, a charge, varying from \$2 to \$30, will be made for Surgical Operations. Attending Surgeons, Profs. GIBSON, PETICOLA, and WELLFORD. Attending Physicians, Profs. TUCKER, CONWAY, and McCaw. Resident Physician, ISAIAH H. WHITE, M.D.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 10th day of June to the 17th day of June, 1861.

Abstract of the Official Report.

Deaths.—Men, 79; women, 80; boys, 121; girls, 107—total, 387. Adults 159; children, 228; males, 200; females, 187; colored, 6. Infants under two years of age, 139. Children reported of native parents, 16; foreign, 165.

Among the causes of death we notice:—Infantile convulsions, 22; croup, 3; diphtheria, 5; scarlet fever, 28; typhus and typhoid fevers, 8; consumption, 70; small-pox, 10; dropsy of head, 10; infantile marasmus, 20; puerperal fever, 3; inflammation of brain, 18; of bowels, 4; of lungs, 24; bronchitis, 11; congestion of brain, 5; of lungs, 3; erysipelas, 4; whooping cough, 1; measles, 22. 296 deaths occurred from acute disease, and 22 from violent causes. 265 were native, and 122 foreign; of whom 61 came from Ireland; 8 died in the Immigrant Institution, and 60 in the City Charities; of whom 13 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

June 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°.	°.	°.	°.	°.			
8th	29.85	.20	71	64	80	5	7	N.	0 to 10	.15
9th	29.85	.29	71	63	78	7	12	S.	2	
10th	29.84	.15	71	63	80	5	8	S.	6	
11th	29.74	.15	72	65	81	5	7	SW to NW	5	.26
12th	29.65	.10	79	68	88	6	9	S.W.	5.5	2.5
13th	29.94	.15	73	67	81	14	21	N.W.	0	.24
14th	30.10	.17	67	60	76	9	13	S.W.	8	

REMARKS.—8th, Rain at 8 and 10 P.M. 9th, Light rain early A.M. 10th, Rain P.M. 11th, Hard rain 10 A.M.; severe rain and hail storms at 1 and 4½ P.M. of about a half hour each in duration; the rain and hail nearly equally divided; the latter in shape of small "minie" bullets, varying in long diameter from ¼ to ½ inch; hard rain again at 5½ P.M.; clear evening. 12th, Fresh wind prevalent. 14th, evening cloudy.

MEDICAL DIARY OF THE WEEK.

Monday, June 24.	{ NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M.
Tuesday, June 25.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. ISLAND HOSPITAL, Dr. Sayre, 1 P.M.
Wednesday, June 26.	{ BELLEVUE HOSPITAL, Dr. Sayre. EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. PATHOLOGICAL SOCIETY, 8 P.M.
Thursday, June 27.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Peters, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Taylor, half-past 1 P.M.
Friday, June 28.	{ NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Saturday, June 29.	{ NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. EMIGRANTS' HOSP., WARD'S ISLAND, Dr. Carnochan, 8 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

SPECIAL NOTICES.

MEDICAL ASSOCIATION OF SOUTHERN CENTRAL NEW YORK.—The next Annual Meeting of this Association will be held at Owego, on Tuesday, the 25th of June, at 2 o'clock P. M. It is earnestly requested that every member of the Association endeavor to be present and prepared to report through the various Committees. President, NELSON NIVISON, M.D.; Recording Secretary, J. G. ORTON, M.D. Committees for the present year:—

SURGERY.—Broome—Drs. S. H. French, I. D. Meacham, W. Butler. Chemung—Drs. W. C. Wey, U. Smith, H. Seaman. Cortland—Drs. F. Hyde, N. R. Barnes, A. D. Reed. Tioga—Drs. J. H. Arnold, E. Daniels, H. N. Eastman. Tompkins—Drs. E. C. Moe, R. Laning, C. Coryell. Schuyler—Drs. A. Winton, J. H. Mead, W. H. Fish. Bradford—Drs. D. Holmes, E. H. Mason. Chenango—Dr. A. Willard.

ENDEMIC, EPIDEMIC, AND PATHOLOGY.—Broome—Drs. J. G. Orton, W. S. Griswold, E. I. Ford. Chemung—T. H. Squire, E. L. Hart, W. Woodward. Cortland—Drs. C.

Green, G. W. Maxon, H. C. Hendrick. Tioga—Drs. H. N. Eastman, J. Tappan, G. P. Cady. Tompkins—Drs. E. C. Moe, J. A. Williams, E. H. Eldredge. Schuyler—Drs. W. H. Fish, L. Hudson, J. H. Mead. Bradford—Dr. E. H. Mason. Chenango—Dr. M. D. Spencer.

OBSTETRICS.—Broome—Drs. P. Brooks, E. G. Crafts, S. H. Harrington. Chemung—Drs. H. S. Chubbuck, E. Geer, P. H. Flood. Cortland—Drs. G. W. Bradford, M. Good-year, P. M. Burdick. Tompkins—Drs. J. S. Briggs, J. F. Burdick, H. W. Bull. Schuyler—Drs. L. Hudson, N. Winton. Bradford—Dr. D. Holmes. Chenango—Dr. A. Willard.

VITAL STATISTICS.—Broome—Dr. J. G. Orton. Chemung—Dr. R. Morse. Cortland—Dr. H. C. Hendrick. Tioga—Dr. J. B. Benton. Tompkins—Dr. L. W. Bliss. Schuyler—Dr. N. Winton. Bradford—Dr. E. H. Mason. Chenango—Dr. A. Willard.

ESSAYISTS.—Broome—Drs. G. Burr, L. French. Chemung—Drs. W. Woodward, T. H. Squire. Cortland—Drs. C. M. Kingman, J. H. Knapp. Tioga—Drs. L. H. Allen, H. N. Eastman. Tompkins—Drs. E. H. Eldredge, L. W. Bliss. Schuyler—Drs. W. H. Fish, J. H. Mead. Bradford—Dr. D. Holmes. Chenango—Dr. M. D. Spencer.

MEDICAL ETHICS.—Drs. G. W. Bradford, S. H. French, T. H. Squire.

COMMITTEE OF PUBLICATION.—Drs. J. G. Orton, S. H. French, C. Green.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION.—Broome—Drs. Lucius French, W. S. Griswold. Chemung—Drs. William Woodward, E. L. Hart. Cortland—Drs. A. H. Reed, P. Burdick. Tioga—Drs. J. H. Tinkham, G. P. Cady. Tompkins—Drs. L. W. Bliss, R. Loring. Schuyler—Drs. Wm. Fish, J. H. Mead. Bradford—Drs. E. H. Mason, Daniel Holmes. Chenango—Dr. M. D. Spencer.

Naval Medical Board. The Board

OF EXAMINERS, consisting of Surgeons BARRINGTON, LOCKWOOD, and WHEELWRIGHT, continue their sessions at the Naval Hospital. As there are numerous vacancies in the Medical Corps of the Navy, well qualified medical men are yet in time to make application to appear before the Board for examination. Candidates are required to be twenty-one, and not more than twenty-five years of age. They should apply to the Secretary of the Navy, stating their age, place of residence, and birth, and send proper testimonials of moral character.

The following gentlemen have been reported to the Department as qualified for appointment as Assistant Surgeons in the Navy:—

SAMUEL D. FLAGG, JR., New York. JACOB H. GONZALEZ, Ohio.
JAMES H. TINKHAM, " WM. H. LEAVITT, Mass.
CHARLES H. COVILL, " W. LAMONT WHEELER, Mass.
A. C. RHOADES, " A. O. LEAVITT, New York.
FRED. E. POTTER, New York.

Vaccine Lymph.—The subscriber has,

during the past three years, supplied Lymph in quantities and in every form for the vaccination of Military Companies, entire Regiments, Operatives in large Factories, Navy Yards, &c., &c., besides smaller orders of Physicians to the amount of nearly eighteen hundred; having been for the last two years the principal source whence the profession throughout New England has been supplied.

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A discount of forty per centum on Quill Points, when ordered to the amount of ten dollars or over. No discount whatever on crusts or tubes. Full references of the highest professional character. Commendatory extracts from correspondents' letters and further information generally, in a pamphlet which shall be sent, postage paid, on application to

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do Paste of Lactucarium.
AYMES—Licorice Drops, Violets perfume.
BARKESWILLE—Tannate of Quinine Pills.
do do do Lozenges.
do do do Powder.
BELLOC—Vegetable Charcoal Powder.
do do Lozenges.
BERAL—Tartrate of Potash and of Iron.
do Citrate of Iron.
do Carbonate of Iron.
do Citrate of Iron and of Quinine.
do Lactate of Iron.
do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragées of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codeine.
BILLARD—Cresote.
BLANCAUD—Pills of Iodide of Iron.
do Syrup do do.
BONJEAN—Dragées of Ergotine.
BOTOT—Tooth Water.
do Tooth Powder.
BOUDIAULT—Anti-Dyspeptic Pepsine.
do Additional Pepsine.
BOYVEAU—Rob Boyveau Laffeteur.
BRIANT—Syrup Antiphlogistic.
BROU—Injection.
BUGEAUD—Balsam for the Nerves.
CASHO—Bologna.
CAUVIN—Digestive Pills.
CHABLE—Injection.
do Syrup of Citrate of Iron.
do Depuratif Vegetal.
do Mineral Bath.
do Perfumed Bath.
do Toilet Water for Ladies.
do Anti-Tetter Pomatum.
do Pomatum for Piles.
CHARLES ALBERT—Bol of Armenia.
do Wine of Armenia.
CLERAMBOURG—Golden Pills.
do Grains of Life.
do Cough Syrup.
do Paste.
CLERET—Iodide of Potassium Rob.
do Pills of Iron and of Quinine.
CLEKTAN—Pearls of Ether.
do do Chloroform.
do do Assafetida.
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